MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 24998

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rockeysville Md
LENGTH OF STAY (in this place) 15 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Md
STREET ADDRESS 814 Veirs Mill Rd (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Rev (Middle) Oliver Cookman (Last) Barnes

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 25-1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): East Downsmore Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Barnes

14. MOTHER'S MAIDEN NAME: Sarah Groff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Laura M. Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

420.0
Immediate cause (a) Arterio-sclerosis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Heart Disease — 12 days
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1952, to Nov. 19, 1952, that I last saw the deceased alive on Nov. 19, 1952 and that death occurred at 6.45 P.m., from the causes and on the date stated above.

SIGNATURE Walter J. Klees (DEGREE OR TITLE) M D ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Nov 22 - 52 NAME OF CEMETERY OR CREMATORY London Pk. LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. Nov. 21 - 1952 REGISTRAR'S SIGNATURE Laura M. Schroder

24. FUNERAL DIRECTOR ADDRESS Wm. Cook, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Replacement
rec. 12/15/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12227

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33. Cliftwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 33. Cliftwood Rd

3. NAME OF DECEASED (Type or Print): (First) Medora (Middle) Belle (Last) Barrett

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec 16-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cecil Co Md

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: George Conner.

14. MOTHER'S MAIDEN NAME: Martha Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: — —

17. INFORMANT: Mr. Martin L. Barrett. 33. Cliftwood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 3 yrs

(c) Myocarditis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1952, to Nov 4, 1952, that I last saw the deceased alive on Nov 4, 1952, and that death occurred at 10:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edith Spencer — ADDRESS 1 W. Overlea Ave — DATE SIGNED 11/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/7/52

NAME OF CEMETERY OR CREMATORY: Harmony Meth. Cem

LOCATION (City, town, or county) (State): Port Deposit Md

DATE REC'D BY LOCAL REG.: Nov. 5. 1952

REGISTRAR'S SIGNATURE: (Mrs) Ann Responder

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

RECEIVED
MAY 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12228

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fullerton

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7853 Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton

STREET ADDRESS (If rural, give location) 7853 Belair Rd.

3. NAME OF DECEASED: (Type or Print) (First) Sophie (Middle) (Last) Bell

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 7/1/1872

9. AGE last birthday: 80 yrs.

IF UNDER 1 YEAR: Months | Days. IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Chas. E. Bell 7853 Belair Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 7 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis, generalized — 20 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1952, to Nov. 17 1952, that I last saw the deceased alive on Nov. 17, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Adam J. Lewis (DEGREE OR TITLE) M.D ADDRESS 6232 Belair Rd, Baltimore, Md DATE SIGNED Nov. 18, 1952

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial

DATE THEREOF 11/19/52

NAME OF CEMETERY OR ~~CREMATORY~~ London Park

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 11/18/52

REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12229

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Halethorp
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1953 Brady

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Halethorp
STREET ADDRESS (If rural give location) 1953 Brady

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) BELLE (Last) BETZ

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: April 9, 1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Wm Lee Miles

14. MOTHER'S MAIDEN NAME: Mamie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Husband-Joseph W. Betz 1953 Brady

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 2 hrs

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE) none

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 7 Nov, 1952, to 7 Nov, 19 52 that I last saw the deceased alive on 7 Nov, 19 52, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE William Goodman, M.D (Degree or title) ADDRESS 1334 Sulphur Spring Rd DATE SIGNED 7 Nov 52

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial — DATE THEREOF Nov 11/52 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem — LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 11/11/52 — REGISTRAR'S SIGNATURE Wm Redmond — 24. FUNERAL DIRECTOR J. F. Wickert Sons — ADDRESS 1300 Eastern Ave

Dmk

17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12230

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brightview; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6509 FAIRMOUNT Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brighton; STREET ADDRESS (If rural, give location) 6509 FAIRMOUNT AVE.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MARY (Last) BLAKE

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-20-1886

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Adams Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: James L. Blake (Son) 6509 Fairmount

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Arterio Sclerotic Heart Disease	1 year
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-Sclerosis	1 year
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to 11/14, 1952, that I last saw the deceased alive on 11/14, 1952, and that death occurred at I don't Know m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Julius C. Gluck M.D. 5356 Reisterstown Rd

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/18/52 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Hardesick Rd. Balto. Md

DATE REC'D BY LOCAL REG. 11-17-52 | REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR: Frank H. Neutzel | ADDRESS: Pikesville 8. Md

RECEIVED
NOV 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 132 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1424 N. Bond Street

3. NAME OF DECEASED: (First) BEN (Middle) F. (Last) BOGAN (Type or Print)

4. DATE OF DEATH: (Month) November (Day) 11 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-15-96

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Do not use retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: sink

11. BIRTHPLACE (State or foreign country): Ayden, North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wyatt

14. MOTHER'S MAIDEN NAME: Betty Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC NEPHRITIS — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 2, 52, to Nov. 11, 19 52, and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift (Degree or title) WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 11-12-52

BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: —

NAME OF CEMETERY OR CREMATORY: Cox's Cemetery

LOCATION (City, town, or county) (State): Ayden, North Carolina

DATE RECD BY LOCAL REGISTRAR: 11-13-52

REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore, Md. 17

SHIPPED TO: Lonza Flangin Funeral Home, Greenville, North Carolina

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6630 Altamont Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 6630 Altamont Avenue

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) C. (Last) BOWERS

4. DATE OF DEATH: (Month) November (Day) 5, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	April 17, 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Charlestown, West Virginia	

13. FATHER'S NAME: John Whittington

14. MOTHER'S MAIDEN NAME: Celestine Callaher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Charles E. Bowers, 6630 Altamont Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardio Vascular disease C	5 Years
	DUE TO (c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1943 to 11/5, 1952, that I last saw the deceased alive on 11/5, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Elliot W Johnson M.D 8432 Fredericks ave Balto md 29 Nov 11/6/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	11/10/52	Loudon Park Cemetery	Baltimore,	Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/7/52	A. W. Redrick Dmpe	Wm. Cook, Inc.,	1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Londelstowne | LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2942 Hammonds Ferry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Londelstowne
STREET ADDRESS (If rural give location) 2942 Hammonds Ferry Rd.

3. NAME OF DECEASED: (Type or Print) (First) DALLY (Middle) BELLMORE (Last) BRANDENBURG
4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M	19 Dec 1913	38 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Virginia	U.S.

13. FATHER'S NAME: Luthy Dawdy
14. MOTHER'S MAIDEN NAME: Lucy Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		unknown.	Husband – Rufus Brandenburg 2942 Hammonds Ferry Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None	None		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
None m.	None	None

22. I hereby certify that I attended the deceased from 1 Jan 1951, to 2 Nov 1952 that I last saw the deceased alive on 2 Nov 1952 and that death occurred at 7:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Goodman, M.D.	1334 Leighton Ave. Rd.	2 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 5 1952	Medowridge Memorial Park.	Dorsey	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/4/52	Alw Hedin 2 Dupl	Joseph T. Monroe	1848 Sulphur Spring Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

12237

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Wilbur Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 4 Wilbur Rd.

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) S. (Last) Brown.

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 20 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Standard oil.

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James S Brown.

14. MOTHER'S MAIDEN NAME: Annie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-01-4595A

17. INFORMANT: Mrs W. Brown 4 Wilbur Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 24 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease with severe myocardial damage — 3 yrs.

(c)

400.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 15 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Nov, 1952, that I last saw the deceased alive on Nov. 19, 1952, and that death occurred at 7:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm S Brown MD — 6801 Belair Rd. — Nov. 20, 52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/22/52 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: November 28, 1952 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville | LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sunshine Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville
STREET ADDRESS (If rural, give location): Sunshine Ave

3. NAME OF DECEASED (Type or Print): (First) Christine (Middle) W. (Last) Budd

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Aug 26 1895 | 9. AGE last birthday: 57 yrs. | If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Haddonfield N.J. | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter Wright | 14. MOTHER'S MAIDEN NAME: Sarah Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): — | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Sarah Swiss Sunshine Ave Kingsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) CORONARY OCCLUSION, ACUTE — 2 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. ATROPHIC ARTRITIS, SEVERE — 12 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1945, to Nov. 18, 1952, that I last saw the deceased alive on Nov. 18, 1952, and that death occurred at 3. P. m., from the causes and on the date stated above.

SIGNATURE: Adam G Swiss | (Degree or title): M.D. | ADDRESS: 6232 Belair Rd. Balto. 6, Md. | DATE SIGNED: Nov. 18, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov 20-52 | NAME OF CEMETERY OR CREMATORY: Westhaupel Hill Cem. Phil. | LOCATION (City, town, or county): Pa. | (State)

DATE REC'D BY LOCAL REG.: 11/19/52 | REGISTRAR'S SIGNATURE: A. McKedrick | 24. FUNERAL DIRECTOR: Diggel Bro. | ADDRESS: 7110 Belair Rd. Balto Md

W.M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 17 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS EUDOWOOD SANATORIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, ANNAPOLIS
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) DEAN (Last) BULLEN

4. DATE OF DEATH: (Month) NOV (Day) 24 (Year) 1952

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 9, 1880

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM COLLISON

14. MOTHER'S MAIDEN NAME: SUSAN PURDY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: AUBREY C. BULLEN (SON) R.F.D. #4 ANNAPOLIS, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

002X

Immediate cause (a) FAR ADVANCED BILATERAL PULMONARY TUBERCULOSIS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 7, 1952 to NOV. 24, 1952, that I last saw the deceased alive on NOV. 24, 1952, and that death occurred at 11:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kress M.D. ADDRESS EUDOWOOD SANATORIUM DATE SIGNED NOV. 24, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF NOV 28/52 NAME OF CEMETERY OR CREMATORY Mayo Memorial LOCATION (City, town, or county) Mayo (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 24, 1952 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR D E Hopkins & Son ADDRESS Annapolis Md.

NOV 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown Rural
LENGTH OF STAY (in this place) 78 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown - Rural
STREET ADDRESS (If rural, give location) Reisterstown P.O. Md.

3. NAME OF DECEASED (Type or Print): (First) Edmund (Middle) Arthur (Last) Burk
4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) X widowed
8. DATE OF BIRTH: May 24 - 1874
9. AGE last birthday: 78 yrs. If under 1 year: Months / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): U.S.A — Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Andrew Harrison Burk
14. MOTHER'S MAIDEN NAME: Margarete Leight [redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Margaret Burk - Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio - Sclerosis — 5 yrs

(c) Nephritic Edema — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Has had angina Pectoris + Shortness of breath

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1952, to Nov. 7, 1952, that I last saw the deceased alive on Nov. 4, 1952, and that death occurred at Reisterstown P.O. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Cyril E. Fowble, Md. Jefferson, Md. Nov. 7, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 10/52
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 11-7-52
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR ADDRESS Edw C Tipton, Hampstead Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (Rural) — LENGTH OF STAY (In this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emory Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (Rural)
STREET ADDRESS (If rural, give location) Emory Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gordon	Edmund	Burk	Nov.	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	Aug. 8, 1935	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Garage	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I. Reginald Burk	Mae V. Berugen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	215-32-7811	Mrs. Mae V. Burk, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Skull	10 min.
816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed chest	10 min.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hanover Rd.	(CITY OR TOWN) Upperco	(COUNTY) Baltimore	(STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Nov. 10, 1952 10:30 a.m.		Car struck 2 trucks.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples, M.D.	Deputy Med. Exam.	Reisterstown, Md.	Nov. 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 12 1952	St. Paul's	Baltimore Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-12-52	Mary B. Sline.	Edwa C. Tipton,	Hampstead, Md.

VS/AFSA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 702 Clover Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 702 Clover ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Robert (Last) Campbell

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 6 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Campbell

14. MOTHER'S MAIDEN NAME: Emma Foulke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ida May Campbell 702 Clover Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cerebral Hypoplexy — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 49 to Nov 2, 19 52 that I last saw the deceased alive on Nov 2, 19 52, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J M Baumgardner M.D Balto 6 Nov 4

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov. 5-52 — NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem. — LOCATION (City, town, or county) Golden Ring Road Essex (State) Md

DATE REC'D BY LOCAL REG. 11/3/52 — REGISTRAR'S SIGNATURE A W Hellmuth

24. FUNERAL DIRECTOR John J. Connelly — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2210

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3016 W. North Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ellsworth (Last) Castle

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married

8. DATE OF BIRTH: March 4-1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traveling Sales man

10b. KIND OF BUSINESS OR INDUSTRY: Auto General Motors Bro.

11. BIRTHPLACE (State or foreign country): Frederick Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Castle

14. MOTHER'S MAIDEN NAME: Susan Routzan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.: 218-09-0598 A

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 10 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerotic Heart Disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 19 48, to Nov. 28, 19 52, that I last saw the deceased alive on Nov. 28, 19 52 and that death occurred at 11:50 P.m., from the causes and on the date stated above.

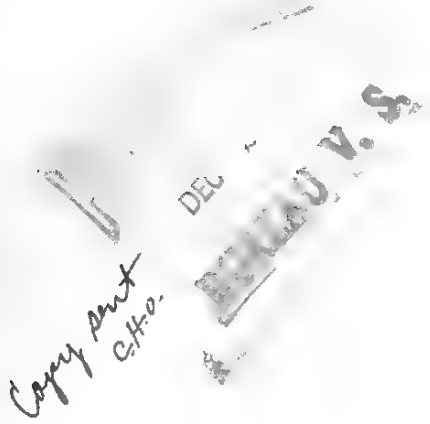
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Martin T. Reed M.D. Cockeysville Md 11/28/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 12-2-52 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 12-2-52 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook ADDRESS St. Paul & Preston St

VS. A15 8-51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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY in this place: 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 509 S. Longwood Street

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) V. (Last) CHATILLOU

4. DATE OF DEATH: (Month) November (Day) 24 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-18-88

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Service-Man for washing

10b. KIND OF BUSINESS OR INDUSTRY: "Reliable Service" machines, etc.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis

14. MOTHER'S MAIDEN NAME: Helen V. (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): PNEUMONITIS, RIGHT — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 18, 1952, to Nov. 24, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 11-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-28-52

NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV. 25 52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: George L. Schwab Funeral Home, 2101 Frederick Ave., Baltimore, Maryland

Dawson Farber

DEC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12219

38

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 506 Park Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 506 Park Ave

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Cobb

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1952

5. SEX: F. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: Nov. 30 1866 — 9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home — 10b. KIND OF BUSINESS OR INDUSTRY: Housework — 11. BIRTHPLACE (State or foreign country): Brooklyn New York — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William John McGoldrick — 14. MOTHER'S MAIDEN NAME: Cathrine O'Donell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Ethel M.C. Bryant 506 Park Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44 Immediate cause (a) Uremia — 72 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic vascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1952, to 11/24, 1952, that I last saw the deceased alive on 11/23, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Patrick F. Phelan M.D. 201 W. Mahan Ave Towson Md 11/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 27-52 — NAME OF CEMETERY OR CREMATORY: Hollywood Memorial Cem. — LOCATION (City, town, or county) (State): Linden New Jersey

DATE REC'D BY LOCAL REG. 11/26/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Doppel Bro. 7110 Belair Rd

DMR

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12243

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45—454

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 45 Holmehurst Ave

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) C (Last) ODD

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1-19-93

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Goodman

14. MOTHER'S MAIDEN NAME: Roxie South

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 2 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (260 X)

(b) Hypertensive Arteriosclerotic cardiovascular disease — years

DUE TO

(c) Diabetes mellitus - Obesity — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1928, to Nov 29, 1952, that I last saw the deceased alive on Nov 29, 1952, and that death occurred at 7 35 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Virginia Huffer, M.D. Spring Grove Hospital Catonsville Md 11-29-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-1-52

NAME OF CEMETERY OR CREMATORY Cathedral

LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 11-30-52

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR ADDRESS Dingle & Tarley Catonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1018 Beechfield Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Artubus
STREET ADDRESS (If rural, give location) 1018 Beechfield Ave.

3. NAME OF DECEASED (Type or Print): (First) CIARA (Middle) E. (Last) COFFAY
4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Feb. 20, 1881
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Yealdhall Benson
14. MOTHER'S MAIDEN NAME: Mary Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Miss Ruth Coffay - 1018 Beechfield Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Carcinomatosis

159X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably primary in G. I. Tract

(c) Hypertensive Arterial Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition - Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 19 52, to 11/26, 19 52, that I last saw the deceased alive on 11/15, 19 52, and that death occurred at 5:05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. C. Feary M.D. 1605 N. Collington Ave 11/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/29/52
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 11/28/52
REGISTRAR'S SIGNATURE: Wm. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Turner & Sons ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VA. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Irvington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Zena) (Middle) Mary Alexana (Last) COX

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 28, 1952 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: JAN. 14, 1878

9. AGE last birthday: 74 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Irvington, VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert W. Thomas

14. MOTHER'S MAIDEN NAME: Jennie Ingram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Nellie Cox 3902 Groveland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 9 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Chronic Nephritis — Uncertain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1952, to Nov 28, 1952, that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 10 1/2 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joshua H. Armacost M.D. 6419 Windsor Mill Road, Woodlawn, Md. 11-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 12 - 1 - 52
NAME OF CEMETERY OR CREMATORY: Irvington Baptist Church
LOCATION (City, town, or county) (State): Irvington, Va.

DATE REC'D BY LOCAL REG. 11/28/52
REGISTRAR'S SIGNATURE: C. W. Hedrick M.D.

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.-1900 Eutaw Place
ADDRESS
M B Mitchell

DR. ARMACOST until 12.00 noon

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural give location): RFD # 1

3. NAME OF DECEASED (Type or Print): (First) ARNOLD (Middle) F. (Last) CURRY

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/5/20

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer – Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill

11 BIRTHPLACE (State or foreign country): Freemont, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Rella MN: Curry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 168 12 1401

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HODGKINS DISEASE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: Unknown

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept. 15, 1952, to Nov. 1, 1952, [illegible] and that death occurred at 3:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Raul R. Rivera, M.D.

ADDRESS: VAH, Fort Howard, Maryland

DATE SIGNED: 11/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 4 1952

NAME OF CEMETERY OR CREMATORY: Union Cemetery Association

LOCATION (City, town, or county) (State): Freemont, Pennsylvania

DATE RECD BY LOCAL REGISTRAR: November 1, 1952

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: J. E. Tyson Funeral Home, Rising Sun, Md.

VS. A154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: GLENARM
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Manor Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Glenarm
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Manor Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Dennison

4. DATE OF DEATH: (Month) Nov. (Day) 6th (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 23, 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ? Fleming

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Gladys, Forbes, Manor Road,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422/ Immediate cause (a) Arteriosclerotic cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1950, to 11/6, 1952, that I last saw the deceased alive on 11/6, 1952 and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward Gordon Green M.D. ADDRESS: 8523 York Road Towson 4 Md. DATE SIGNED: 11/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov. 10, 52

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11-10-52

REGISTRAR'S SIGNATURE: J.C.

24. FUNERAL DIRECTOR: Leonard L. Ruck

ADDRESS: Leonard L. Ruck, 5305 Harford Road.

VS. A15

Dr. Grau
8523 Loch Raven Blvd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 232 N. Marlyn Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 232 N. Marlyn Ave.

3. NAME OF DECEASED: (Type or Print) (First) FREDERICKA (Middle) W. (Last) DIETRICH

4. DATE OF DEATH: (Month) Nov. (Day) 9- (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: July 27-1860

9. AGE last birthday: 92- yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henzpater

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frank Dietrich (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: nil

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 19 52, to Nov. 9, 19 52, that I last saw the deceased alive on Nov. 9, 19 52, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James F. White M.D. 422 Eastern Ave, Baltimore 21, Md 11/14/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 12-1952 — NAME OF CEMETERY OR CREMATORY: Moreland Park — LOCATION (City, town, or county): Balto. — (State): Md.

DATE REC'D BY LOCAL REG. Nov. 11, 1952 — REGISTRAR'S SIGNATURE: Estelle Hurley

24. FUNERAL DIRECTOR — ADDRESS: John J. Connelly - 418 Eastern Ave Balto 21, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cowpens Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. J. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Somerville
STREET ADDRESS (If rural, give location) 106 N. Gaston Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) BEEKMAN (Last) DUNHAM

4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 31, 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Beekman

14. MOTHER'S MAIDEN NAME: Emma Lydell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Wm.G. Bowles - Cowpens Rd., Towson, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT — Interval between onset and death: 24 HRS.

331X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS — YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Donald L. Somerville, M.D. ADDRESS 25 W. Penna. Ave, Towson DATE SIGNED 11/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF 11/29/52 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 11/28/52 | REGISTRAR'S SIGNATURE Ethel Hedrick Dep. | 24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto. 17, Md.

8 - Filing Dept
12/3/52 nt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12250

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1732 Burnham Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1732 BURNHAM ROAD

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Dzieciuch (Last)

4. DATE OF DEATH: (Month) NOV. (Day) 22 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Sept. 18, 188[illegible]

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Bystrek

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: WALTER DZIECIUCH 1732 BURNHAM ROAD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 12 hrs.

420.1

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Nov., 1952, to 22 Nov., 1952, that I last saw the deceased alive on 22 Nov., 1952, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE: Robert Sandler (Degree or title) MD — ADDRESS: 2900 Dunman Rd — DATE SIGNED: Nov 24 '52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: NOV. 26/52 — NAME OF CEMETERY OR CREMATORY: SACRED HEART OF MARY — LOCATION (City, town, or county) (State): BALTIMORE

DATE REC'D BY LOCAL REG.: 11/25/52 — REGISTRAR'S SIGNATURE: Dan Hedrick — 24. FUNERAL DIRECTOR: Fred W. Ozazewski — ADDRESS: 1930 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   MARYLAND RURAL LENGTH OF STAY (in this place): 19 hrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 1109 S. Potomac Street

3. NAME OF DECEASED: (First) HOWARD (Middle) F. (Last) EBERLE (Type or Print)

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 9, 1898

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Hutzler Bros Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George R. Eberle

14. MOTHER'S MAIDEN NAME: Katie Hartlove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 215-22-5314

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHIAL ASTHMA — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1952, to Nov. 21, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDERIET, M.D. ADDRESS: VAH, Fort Howard, Md. DATE SIGNED: 11/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Nov. 25, 1952 NAME OF CEMETERY OR CREMATORY: Baltimore National LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/24/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Charles S. Zeiler, 901 S. Conkling Street ADDRESS: Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1265

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (In this place) 19 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 328 First Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 328 First Avenue

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Arthur (Last) Eckman

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 2, 1896

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker

10b. KIND OF BUSINESS OR INDUSTRY: Steel Fabricating

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard J. Eckman

14. MOTHER'S MAIDEN NAME: Isabelle Wainwright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 216-05-7326

17. INFORMANT AND ADDRESS: Madeline F. Eckman 328 First Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral Insufficiency — 6 Wks

(c) Rheumatic Endocarditis — 34 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1943, to 11/9, 1952, that I last saw the deceased alive on 11/7, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Elliot W. Johnson M.D. — 3432 Fredericks Ave Baltimore 29 Md. — 11/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: November 12, 1952.

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: Nov. 11 52

REGISTRAR'S SIGNATURE: Ira Kieffer

24. FUNERAL DIRECTOR — ADDRESS: Geo. L. Schwab 2101 Frederick Ave Balto. 23, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct place is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 4
STREET ADDRESS (If rural give location): 828 Loyola Drive

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) ALBERT (Last) FEILDMAN

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-27-69

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Max Feldman

14. MOTHER'S MAIDEN NAME: Lidia Ann Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF RIGHT LUNG

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 19 52, to Nov. 17, 19 52 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 11-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 29, 1952

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV. 25-52

REGISTRAR'S SIGNATURE: Dawson L. Harbey

24. FUNERAL DIRECTOR: John Burns & Sons Funeral Home

ADDRESS: 612 York Road, Towson, Maryland

VS. A15

NOV 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 33
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 801 W. Franklin Street

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) (NMI) (Last) FISHER

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/9/88

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Ellicott, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Fisher

14. MOTHER'S MAIDEN NAME: Louise Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 218 03 2998

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) PULMONARY TUBERCULOSIS, FAR ADVANCED WITH CAVITATION — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) ... — DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1952, to Nov. 16, 1952, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul F. Richardson, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 11/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-19-52 — NAME OF CEMETERY OR CREMATORY: Poplar Spring Cemetery — LOCATION (City, town, or county) (State): Poplar Spring Howard Md

DATE REC'D BY LOCAL REGISTRAR: NOV 17 1952 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. — 11-18-52

24. FUNERAL DIRECTOR — ADDRESS: Colin L. Molensworth, Damascus, Md.

Dawson Barber

COPY SENT TO LOCAL REGISTRAR NO. ____ DATE ____

RECEIVED
NOV 18 19__
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1955

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 112 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4328 Falls Road

3. NAME OF DECEASED (Type or Print): (First) WARNER (Middle) M. (Last) FISHER, SR.

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/6/93

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber - General - Shoned Plumbing Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Corbett, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Fisher

14. MOTHER'S MAIDEN NAME: Mary Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 218-01-9190

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) OAT CELL CARCINOMA, LEFT LUNG

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1952, to Nov. 17, 1952 [illegible] and that death occurred at 1:45 A.M., from the causes and on the date stated above.

(Signature) (Degree or title) WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 11-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 21, 1952

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/19/52

REGISTRAR'S SIGNATURE: A. W. Gedrich M.H.

24. FUNERAL DIRECTOR: Burgee Funeral Home, 3631 Falls Road

ADDRESS: Horace F. Burgee Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Balto; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown; LENGTH OF STAY (In this place): 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown; STREET ADDRESS (If rural, give location): 8922 Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Alan (Middle) F (Last) Fitzpatrick

4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 10 1886

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpet Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Grand Rapids Furn Co

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ------ Fitzpatrick

14. MOTHER'S MAIDEN NAME: Emma O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-05-1358

17. INFORMANT AND ADDRESS: Alice Fitzpatrick 8922 Liberty Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Heart Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteria arteriosclerotic	Unknown
	(c) Mitral Endocarditis	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to 11-22-52, that I last saw the deceased alive on 11-22-52, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE: G. B. Ewell (Degree or title) ADDRESS: 7201 York Rd Baltimore Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov 25 1952

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville Md

DATE REC'D BY LOCAL REG.: 11-24-52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: [illegible]

ADDRESS: 4204 Ridgewood Av

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

~~FOR MEDICAL EXAMINERS~~

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 BAYSIDE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 5 BAYSIDE DRIVE

3. NAME OF DECEASED (Type or Print): (First) William (Middle) T (AKA F.) (Last) FORAKER

4. DATE OF DEATH: (Month) NOV (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-15-82

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOTORMAN

10b. KIND OF BUSINESS OR INDUSTRY: BALTO. TRANSIT

11. BIRTHPLACE (State or foreign country): NEW CASTLE DEL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DON'T KNOW

14. MOTHER'S MAIDEN NAME: DON'T KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 215-09-3615

17. INFORMANT: MRS. LULA M. FORAKER 5 BAYSIDE DR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval between onset and death: .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocardial Damage — 2 yrs
(c) h
360X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Eugene F Neary M.D. 7001 Morris Glen Rd Dundalk, Md 11-28-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF DEC 1-1952 — NAME OF CEMETERY OR CREMATORY BALTIMORE — LOCATION (City, town, or county) (State) BALTIMORE MD

DATE REC'D BY LOCAL REG. 12-1-52 — REGISTRAR'S SIGNATURE C. W. Bedrick M.D.

24. FUNERAL DIRECTOR — ADDRESS ULLRICH FUNERAL HOME 2112 DUNDALK

ITEMS 8,9: film G148 12-4-52 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 7273 Holabird Ave

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) (Last) FRANK

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 15 1867 (68)

9. AGE last birthday: 85 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Austria Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Capt. George B. Stevens As Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary artery occlusion — 30 min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1952 to —, 19..., that I last saw the deceased alive on never, 19..., and that death occurred at 2:10 P. m., from the causes and on the date stated above.

SIGNATURE: Charles F. Stevens Jr. (Degree or title) ADDRESS: HMHC U.S. Army Trsp. Ft Holabird Md DATE SIGNED: 14 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 11/15/1952 | NAME OF CEMETERY OR CREMATORY: Fern Cliff | LOCATION (City, town, or county) (State): Westchester N.Y.

DATE REC'D BY LOCAL REG.: NOV 15 1952 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. 11-18-52 H.M. O'Kelly | 24. FUNERAL DIRECTOR: William J. Lechner & Sons ADDRESS: North & Penna Aves.

ENT TO L... DATE_____

NOV 18 19..

...EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa-6400 Bellona Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IMOGENE	MUDD	GARDINER	Nov.	17	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Dec. 2, 1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	--	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Mudd	Imogene T. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
--		Washington, D.C. Mrs. Catherine G. Colona-3338 Firie St. S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Arterio-sclerotic Cardio-Vascular Disease — 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-17, 1952, to 1-17, 1952, that I last saw the deceased alive on 1-16, 1952, and that death occurred at 4:10 p. m., from the causes and on the date stated above.

SIGNATURE J. D. Lynn (Degree or title) M. D. ADDRESS 11 E. Chase St DATE SIGNED 11-18-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/20/52	St. Mary's Cem.	Bryantown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/18/52	C. W. Bedrick M.D.	D. M. Vicknair & Sons	Leato 17, Md.

VS | A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 3 Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) L. (Last) GARDNER

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 9, 1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zachariah Taylor

14. MOTHER'S MAIDEN NAME: Mary Wrightson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. Arthur L. Gardner - 3 Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral thrombosis	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Myocarditis.	1 year
	(c)	arteriosclerosis	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 30, to Nov. 28, 19 52, that I last saw the deceased alive on Nov 28 19 52, and that death occurred at 3 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Egbuth. Mortimer Jr. Md. — ADDRESS: 2706 St Paul St. — DATE SIGNED: 11/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): B — DATE THEREOF: 12/1/52 — NAME OF CEMETERY OR CREMATORY: London Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: November 29, 1952 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Ichner & Sons, Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12681

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AF 7

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
STREET ADDRESS (If rural, give location) Zone 21
1113 Homberg Ave.

3. NAME OF DECEASED: (Type or Print) (First) MICHALENA (Middle) LENA (Last) Cecelia Gorgol

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1897

9. AGE Last birthday: 55 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fredanowski

14. MOTHER'S MAIDEN NAME: Sophia Pietrucha

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-20-0387

17. INFORMANT & ADDRESS: Helen Bullock 404 Woodward Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) ..... Carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ..... Inoperable Carcinoma of the Gall bladder

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gall Bladder with metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ....,1951, to Nov. 30, 1952, that I last saw the deceased alive on Nov 30., 1952, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William P. Rodgers, M.D. 815 Eastern Ave. 11-30-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 3 52

NAME OF CEMETERY OR CREMATORY St. Stanislaus

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 12/1/52

REGISTRAR'S SIGNATURE C. W. Hedrich M.D.

24. FUNERAL DIRECTOR J. J. Brzydzinski ADDRESS 1407 Eastern Ave

2020

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson Md. | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bellevue Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 5 Bellevue Ave

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) M. (Last) McDonald
4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11 / 1 / 1879
9. AGE Last birthday: 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Boyle
14. MOTHER'S MAIDEN NAME: Laura Mercer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: William J. McDonald Towson Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of colon DUE TO — Interval Between Onset And Death 3 mos
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Intestinal obstruction DUE TO — 3 days
(c) Carcinomatosis — 3 days
427.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to May 1952, that I last saw the deceased alive on May 2 1952, and that death occurred at 1 P.M. from the causes and on the date stated above.
SIGNATURE E. [illegible] (Degree or Title) ADDRESS 5 Bellevue Ave Towson 4 DATE SIGNED May 2 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 5 | NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem. | LOCATION (City, town, or county) Baltimore Md (State)
DATE REC'D BY LOCAL REGISTRAR 11/5/52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Balto. City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2500 Lambin Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore
STREET ADDRESS (If rural, give location) 2500 Lambin Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L. (Last) Gray

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct. 3-1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Gray

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph Kohl 2500 Lambin Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary Thrombosis	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension	2
(c)	Diabetes	2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Gangrene — 2 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 195X, to Nov 16, 195X, that I last saw the deceased alive on Nov 16, 195X, and that death occurred at 9.30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morris A. Jacobs	MD	1010 North Point Rd - Balto 24 md	11/17/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 19-52	Baltimore Cemetery	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/17/52	[illegible] Medical Dir.	John A. Miller	2334 Jefferson St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY BALTO. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (in this place) 3 yr. — MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 512 MARYLAND AVE., CATONSVILLE

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) MAURICE (Last) GRAYBILL ALIAS JOSEPH CRANE

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 18 MAY 1894

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Theatrical Usher, Circus

10b. KIND OF BUSINESS OR INDUSTRY: Circus

11. BIRTHPLACE (State or foreign country): Wilmington N.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: J. Victor Graybill

14. MOTHER'S MAIDEN NAME: Nellie Henrietta Graybill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Henrietta J. Fagan 6701 Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rt. ventricular failure — Interval Between Onset and Death: 2 months

241 X

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Emphysema, bilateral, chronic — Unknown

(c) Asthma, bronchial — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis; prostatic hypertrophy, benign — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1948, to Nov 21, 1952, that I last saw the deceased alive on Nov 21, 1952 and that death occurred at 1215 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Lee Mathias M.E. Catonsville 28 Md 11-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/25/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 11-22-52 — REGISTRAR'S SIGNATURE: D E Harry

24. FUNERAL DIRECTOR ADDRESS: Frank H. Newell, Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1952)

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL OR . and give nearest town) TOWN CATONSVILLE
LENGTH OF STAY (in this place) 30 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) UNKNOWN

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) (Last) HAMER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 19 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY 25, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ANTON KRISS

14. MOTHER'S MAIDEN NAME: ANNA LOKADO

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: ANTON KRISS, 1607 ODELL AVENUE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY THROMBOSIS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) CARDIO VASCULAR DISEASE — HYPERTENSION

DUE TO

(c)

Interval Between Onset And Death: (a) 10 M. (b) Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SCHIZOPHRENIA

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1922, to Nov 17, 1952, that I last saw the deceased alive on Nov 19, 1952, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert A Kurland MD Spring Grove State Hosp. Nov. 21 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/22/52

NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/21/52

REGISTRAR'S SIGNATURE C. W. Bedrick M.D.

24. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc. 1217 St. Paul Street

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN M Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2652 W. Fairmount Avenue

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) A. (Last) HAMILTON

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/21/76

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Granite Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Rollman & Wilson

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY No.: 212-01-2302

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) SENILITY AND CACHEXIA — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 11/12 , 1952 , to 11/16 , 19 52, and that death occurred at , from the causes and on the date stated above.
(Signature and degree or title) WILLIAM S. RITCHIE, JR., M.D.
ADDRESS VAH, Fort Howard, Md.
DATE SIGNED 11/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-19-52 — NAME OF CEMETERY OR CREMATORY Western Cemetery — LOCATION (City, town, or county) (State) Edmonson & Longwood Ave. Balto.

DATE REC'D BY LOCAL REGISTRAR 11/18/52 — REGISTRAR'S SIGNATURE A. W. Hedrick M.H.

24. FUNERAL DIRECTOR — ADDRESS Wm. J. Tickner & Son, North & Penna. Ave. Baltimore, Md.

VS. A15

REPLACEMENT of orig cer (filmed 3148 11-20-52L)
Item 18 Film 3149 12-4-52 ars

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3640 Beech Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) HARDING

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-1-21

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive boiler maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clarence Wesley Harding

14. MOTHER'S MAIDEN NAME: Ethel Leard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Severe amyloid deposition in glomeruli and nephrosis

Immediate cause (a) SUBACUTE NEPHROSIS — Interval between onset and death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) WAITING/FURTHER INVESTIGATION

due to: (c) Chronic toxicity from complete section of lower thoracic spinal cord. — 9 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-3-52, 11-5-52

19b. MAJOR FINDINGS OF OPERATION: C & B Cystoscopy & Rt. Ureteral Catheterization

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg.) OF INJURY: In Korea
(CITY OR TOWN): S. Pacific. Munda Pt. (COUNTY): (STATE): Nov/1943
TIME OF INJURY (Month) Nov (Day) (Year) 1943 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Tree fell across track.

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* __, *Inquiry* __ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐

SIGNATURE: J M Learmonth M.D. (Degree or title): Deputy Medical Examiner ADDRESS: Balto. Co. Dundalk 22 Md. DATE SIGNED: 11/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county): Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: AW HEDRICH MLH

24. FUNERAL DIRECTOR: Paul Chenoweth, ADDRESS: 3615 Chestnut Avenue, Baltimore, Maryland

VS. A15

DIFFERENCES: Med.Ex.cer with all findings, accident etc

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) (NMI) (Last) HARMON

4. DATE OF DEATH: (Month) November (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-4-99

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Poultry dressing Plant

11. BIRTHPLACE (State or foreign country): Snow Hill, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elzie

14. MOTHER'S MAIDEN NAME: Charlotte (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) BRONCHIOGENIC CARCINOMA LEFT LUNG, WITH

DUE TO METASTASIS TO THE SPINE

Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 31, 1952, to Nov. 13, 1952, and that death occurred at 9:20 AM, from the causes and on the date stated above.

SIGNATURE: F. Dickey (Degree or title)

ADDRESS: FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.

DATE SIGNED: 11-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY: Mt. Wesley Cemetery

LOCATION (City, town, or county) (State): Snow Hill, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/17/52

REGISTRAR'S SIGNATURE: H. W. Hedrick Asst.

24. FUNERAL DIRECTOR ADDRESS: Clay Dennis Funeral Home, Snow Hill, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 614 Archer Street

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) HARRIS

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-9-80

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harris

14. MOTHER'S MAIDEN NAME: Mary (MN: Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) CARCINOMA, HEAD OF THE PANCREAS, WITH DUE TO METASTASIS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-19-52

19b. MAJOR FINDINGS OF OPERATION: Cholecystojejunostomy; Gastrojejunostomy; Entero-enterostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov.10, 1952, to Nov.22, 1952 [illegible] and that death occurred at 8:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): John T. Brackin, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/26/1952

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/25/52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Elroy O. Wilson Funeral Home

ADDRESS: 1000 Brantley Ave., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 445

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-4

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
   LENGTH OF STAY (in this place): 5 months
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Apt. 3A. Byeway North

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 3A Apt. Byeway North
   STREET ADDRESS (If rural, give location): Apt. 3A Byeway North

3. NAME OF DECEASED (Type or Print): (First) STEN ART (Middle) LAWRENCE (Last) HENDRICKS

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 6-12-52

9. AGE last birthday: yrs. — If under 1 year: Months: 4 Days: 20 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland - Balto

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY LAWRENCE HENDRICKS

14. MOTHER'S MAIDEN NAME: Margaret Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Parents - as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal Hydrocephalus — Interval Between Onset and Death: 3½ mos

752 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1952, to Nov 1, 1952; that I last saw the deceased alive on Oct 30, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Harvey L. Fuller — (Degree or title): MD — ADDRESS: Ridge Rd, Baltimore 6 Md — DATE SIGNED: Nov. '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/3/52 — NAME OF CEMETERY OR CREMATORY: Blairsville, Penna. — LOCATION (City, town, or county): Indiana Co — (State): Pa.

DATE RECD BY LOCAL REG.: 11/6/52 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Vanneltmatimes Home — ADDRESS: 7401 Belair Rd.

6 x 2 - -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 7; HOSPITAL OR INSTITUTION OR STREET ADDRESS 636 North Bend Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 636 North Bend Road

3. NAME OF DECEASED (Type or Print): (First) Agnes; (Middle) G.; (Last) Henn

4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept. 15, 1875

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. O'Brien

14. MOTHER'S MAIDEN NAME: Grace A. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO; (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT: Leo. J. Henn 636 North Bend Road (29)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral Insufficiency — ?

(c) Carcinoma of Adrenal Gland — 1956

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1952, to 11/22, 1952, that I last saw the deceased alive on 11/21, 1952, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE Chas A Cahn (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/25/52	New Cathedral	Baltimore Md.

DATE REC'D BY LOCAL REG. 11/24/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John T. Stansbury ADDRESS 2700 Edmondson Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Notch Cliff

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) 9 Cleaver Rd.

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Antonina (Last) Hentschel

4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Mar. 18, 1866

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anton Hentschel

14. MOTHER'S MAIDEN NAME Ottilia Götz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1952, to Nov. 1, 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 6.50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward F. Donelly MD

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 11-3-52.

NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM.

LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON MD

DATE REC'D BY LOCAL REG. 11/3/52

REGISTRAR'S SIGNATURE A. W. Hudnut

24. FUNERAL DIRECTOR Charles L. Feiler

ADDRESS 901 S. CONKLING ST. BALTO. 24, MD.

VT

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Ylenarus Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) 3 Queens Rd.

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary De Pao (Last) Hesse

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 15-1868

9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY Religious

11. BIRTHPLACE (State or foreign country) Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Hesse

14. MOTHER'S MAIDEN NAME Josephine Haas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchiectasis — Interval between onset and death: 20 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Nov., 1952, that I last saw the deceased alive on Nov. 16, 1952, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles E. O'Donnell M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 24, 1952

NAME OF CEMETERY OR CREMATORY Villa Maria Cemetery

LOCATION (City, town, or county) (State) Notch Cliff nr Towson, Md

DATE REC'D BY LOCAL REG. 11/24/52

REGISTRAR'S SIGNATURE Alice Pedrick

24. FUNERAL DIRECTOR Charles S. Lentz ADDRESS 901 S. Conkling St. Baltimore 24 Md.

Donk

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; MARYLAND; LENGTH OF STAY (in this place) 24yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 Hawthorne Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville, Md.; STREET ADDRESS (If rural, give location) 201 Hawthorne Ave.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Virginia (Last) Hoff

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 7, 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William J. Cummings

14. MOTHER'S MAIDEN NAME: Mary Virginia Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Elmer H. Hoff 201 Hawthorne Ave. Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - Respiratory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Dehydration & Malnutrition

(c) Broncho pneumonia

r/o x

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Shoulders, hips, lungs & chest wall

19a. DATE OF OPERATION: Undiagnosed

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Breast Type II 3rd Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Nov. 26, 1952, that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William J. Kenyon M.D. 405 Fontaine Lane Nov. 28

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Nov. 29, 1952; NAME OF CEMETERY OR CREMATORY: St. Thomas; LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG. 11-28-52; REGISTRAR'S SIGNATURE: Dr. E. E. Michaels

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 REGISTER AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CALTO.
STREET ADDRESS (If rural, give location) 405 EAST COLD SPRING LANE

3. NAME OF DECEASED (Type or Print): (First) SOPHIA (Middle) (Last) HOLL

4. DATE OF DEATH: (Month) NOV. (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 22, 1857

9. AGE last birthday: 95 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): CALTO., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JACOB LAUTERBACH

14. MOTHER'S MAIDEN NAME: MARGARET SCHWARTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. A. E. HOLL ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	MYOCARDIAL INFARCTION	10 minutes
903.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	FRACTURED FEMUR	6 weeks
(c)	SENILITY	15 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Sept. 30, 1952

19b. MAJOR FINDINGS OF OPERATION: Pinning of Fractured Femur

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Street (CITY OR TOWN): Baltimore (COUNTY): — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 23 52 6 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell on street while walking.

22. I hereby certify that I attended the deceased from ..., 1950, to October 31, 1952, that I last saw the deceased alive on Nov 27, 1952, and that death occurred at 12:17 p.m., from the causes and on the date stated above.

SIGNATURE: A. S. Charlton M.D. (Degree or title) ADDRESS: 5710 York Rd. DATE SIGNED: Nov. 4, 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 11-6-1952

NAME OF CEMETERY OR CREMATORY: LOUDON PARK

LOCATION (City, town, or county): CALTO. (State): MD.

DATE REC'D BY LOCAL REG.: 11/5/52

REGISTRAR'S SIGNATURE: Dr. Hedrick

24. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO. ADDRESS: 4905 YORK ROAD BALTO. 12, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsons Sta-22 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119- East Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Turner Station
STREET ADDRESS (If rural, give location) 119- East St.

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) (Last) Holloway
4. DATE OF DEATH: (Month) Nov. (Day) -21- (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept. 1 1910
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contract Work
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Miami, Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 263-269-603
17. INFORMANT: Mattie Holloway - 119 East St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 6 mos.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Davis M.D. Med. Exam. - Randallstown, Md. 11/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/27/52 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery — LOCATION (City, town, or county) (State): Maryland.

DATE REC'D BY LOCAL REG. 11/26/52 — REGISTRAR'S SIGNATURE H.D. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: D. Halstead - 918 Druid Hill Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY a. a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 26
STREET ADDRESS (If rural give location) 8044 Fort Smallwood Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) PAUL LEE HONG (ALSO - PAUL LEE)

4. DATE OF DEATH: (Month) (Day) (Year) November 20 19 52

5. SEX: Male

6. COLOR OR RACE: Chinese

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-15-16

9. AGE last birthday: 36 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canton, China

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charlie

14. MOTHER'S MAIDEN NAME: Wong Shee Hong

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 039-10-6402

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151K

Immediate cause (a) LYMPHOSARCOMA OF STOMACH — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 8 ,19 52, to Nov. 20 , 19 52, [redacted] and that death occurred at 9:00 AM , from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 11/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-24-52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/24/52 — REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS Howard Blight Funeral Home 6009 Harford Rd. Baltimore, Md.

DMR

VS. 115 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2626 Hillcrest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2626 Hillcrest Avenue

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) A. (Last) HORSTMAN
4. DATE OF DEATH: (Month) November (Day) 11 (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 14, 1869
9. AGE last birthday: 83 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? POHL
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Henry Horstman, 2626 Hillcrest Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

422 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3 19 52 to Nov. 11 19 52 that I last saw the deceased alive on Nov. 10, 19 52, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. M. Bacon, MD. & 810 Taylor Ave. Nov. 12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/14/52
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/11/52
REGISTRAR'S SIGNATURE: G. M. Bacon.
24. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road 14

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Odenton Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 4 W. Penna. Avenue

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) KING (Last) HUBARD, Sr.

4. DATE OF DEATH (Month) (Day) (Year): November 18, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 7, 1902

9. AGE last birthday: 50 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Co. Hwy. Dept.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamen Hubard

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Robert King Hubard, Jr. Towson, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary heart disease	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. McKieffer M.D. Deputy Coroner Baltimore 1010 Leadenhall Nov. 18, 52

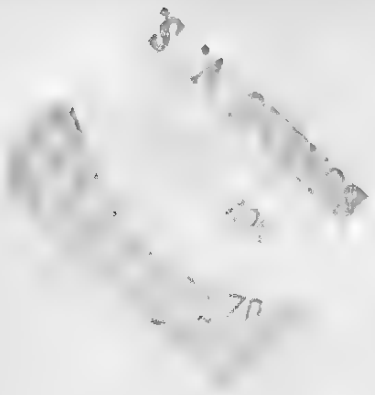
23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 21, 1952 | NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery | LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REG. NOV 20 52 | REGISTRAR'S SIGNATURE: Geo. McKieffer | 24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



Item 18 Film G150 1-8-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 mos. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5539 Ashbourne Road

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) M. (Last) Jendrick

4. DATE OF DEATH: (Month) (Day) (Year) 11-17-52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-27-1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles M. Jendrick

14. MOTHER'S MAIDEN NAME: Katherine Pitroff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Margaret V. Wrightson--Dau. 5539 Ashbourne Rd., Balto. 27, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0 Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: Approx 8hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Art riosclerotic heart disease — years

DUE TO

(c) with Hypertrophy & Failure

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-....., 1952..., to 11-17-..., 19.....52 that I last saw the deceased alive on 11-16-..., 19..52., and that death occurred at 6:20 A..m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Paul Edwards MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 11-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Nov. 19, 1952 — NAME OF CEMETERY OR CREMATORY Most Holy Redeemer — LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 11/18/52 — REGISTRAR'S SIGNATURE A. W. Hedrick M.D. — 24. FUNERAL DIRECTOR Fred A. Cole — ADDRESS 1913 W. Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A35

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15211 ROLLING RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
STREET ADDRESS (If rural, give location) 15211 ROLLING RD.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) SILAS (Last) JOHNS

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 19[illegible]

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 3-23-1874

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST - RET.

10b. KIND OF BUSINESS OR INDUSTRY: FOUNDRY

11. BIRTHPLACE (State or foreign country): WALES

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: — —

17. INFORMANT AND ADDRESS: MRS. DAVID JOHNS-15211 S. ROLLING RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) R.T. Ventricular Hypertrophy & Dilitation

Antecedent cause(s) © Resultant Cardiac Failure

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Fibrosis & Emphysema

(c) Related Tuberculosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

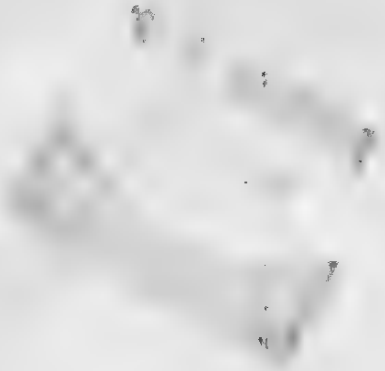
22. I hereby certify that I attended the deceased from 11/1, 19[illegible], to 11/20, 19[illegible], that I last saw the deceased alive on 11/20, 19[illegible], and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE John C. Easley (Degree or title) MD ADDRESS 1605 E. Rolling Rd DATE SIGNED 11/21/[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 11-24-[illegible] NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM. LOCATION (City, town, or county): BALTO. (State): MD.

DATE REC'D BY LOCAL REG. 11/24/[illegible] REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: George A. Farley - Catonsville, Md. ADDRESS



Film D149-12/4/52
Items 13 & 14 omit.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS COOD NURSING HOME 301 W. CHESA. AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 202 AIGBURTH ROAD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DELILAH		JOHNSON	NOV.	28,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	SINGLE	Sept. 29 1865	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	AT HOME	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. L. Johnson	Mary A. Neary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	FAMILY RECORDS-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized debility	years
	(c) Cerebro-vascular accidents	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive & arteriosclerotic heart disease; Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/21, 1952, to 11/28, 1952, that I last saw the deceased alive on 11/21, 1952, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Donald L. Somerville, M.D.	25 W. Pa. Ave. Towson 4 Md.	12/1/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Dec. 1, 1952	PROSPECT HILL CEMETERY	TOWSON, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 1, 1952	Mabel C. Gray	JOHN BURNS' SONS, TOWSON, MD.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12987

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH: COUNTY Box 150 OLD COURT RD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
LENGTH OF STAY (In this place) 4 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY BALTO
Box 150 OLD COURT RD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Box 150 OLD COURT RD

3. NAME OF DECEASED (Type or Print): (First) EDWIN (Middle) C. (Last) JOHNSON
4. DATE OF DEATH: (Month) NOV (Day) 11 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: JULY 23 1892
9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM WORK
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): GRANET MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CALEB H JOHNSON
14. MOTHER'S MAIDEN NAME: AGNES E JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: POLICE WOODLAWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound to head

9768 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Shot by #12 gauge gun 6 shot

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home | (CITY OR TOWN) Woodlawn (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) NOV (Day) 11 (Year) 1952 (Hour) 1/2 m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Shot himself in head #12 gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Geo J McKeffer MD (Chief Med Examiner Balto) 1010 Lexington — Nov 11 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 11/14/52 | NAME OF CEMETERY OR CREMATORY St Pauls Cem | LOCATION (City, town, or county) (State) Granet Md

DATE REC'D BY LOCAL REG. 11/14/52 | REGISTRAR'S SIGNATURE Wm E Martin | 24. FUNERAL DIRECTOR Chas P Lowell | ADDRESS Windsormill MD

DEC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

The correct age is especially important. Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hale Thorpe, Md — LENGTH OF STAY (in this place) 14 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock's Nursing Home 1900 NorthEast Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~COUNTY~~ Maryland Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1534 Gilmore st.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Jones

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 1952

5. SEX: M

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: May 6, 1874

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-01-4112

17. INFORMANT AND ADDRESS: M. Craddock 1900 Northeast Ave. Halethorpe Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 - X Immediate cause (a) Cardiac Disease — Interval Between Onset and Death: 12 Mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertention — 12 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1952, to Nov. 15, 1952, that I last saw the deceased alive on Nov. 14, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: Thos. Woolridge (Degree or title) — ADDRESS: R4 Box 212 Elkridge 27 Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 20, 1952 — NAME OF CEMETERY OR CREMATORY: Arbutus Mem Pk. — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 11/19/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. — 24. FUNERAL DIRECTOR: Funeral — ADDRESS: 1621 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Blvd. & Woodside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay

STREET ADDRESS (If rural, give location): 1712 Glover Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) F. (Last) KAHNE

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug. 24, 1911

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: [illegible] Co.

11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard R. Kahne

14. MOTHER'S MAIDEN NAME: Annie Farrall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war, or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 705-12-5923

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Dodson, 1712 Glover St. Relay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762x

Immediate cause (a) Fatty liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old traumatic injury to head

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY UNKNOWN | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? UNKNOWN

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE: William S. Gould (Degree or title) | ADDRESS: Baltimore, Maryland. | DATE SIGNED: November 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 11/7/52 | NAME OF CEMETERY OR CREMATORY: U. S. National Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11/5/52 | REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: Wm. Cook Inc. | ADDRESS: 1217 St. Paul Street

Dmsk

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Pot River Drive Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Edgemere Md

3. NAME OF DECEASED (Type or Print): (First) MATTHEW (Middle) S. (Last) KECK-JR

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 9-11-87

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Keck

14. MOTHER'S MAIDEN NAME: Johanna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ellen Mary Keck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — Interval between onset and death:

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952 to Nov 4, 1952 that I last saw the deceased alive on Nov 3, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11-7-52 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) Balto — (State) Md.

DATE REC'D BY LOCAL REG. 11/5/52 — REGISTRAR'S SIGNATURE W.B. Hedrick Asst. —

24. FUNERAL DIRECTOR Levy & Jacobs — ADDRESS 413 Light St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
   LENGTH OF STAY (in this place): 39 6 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
   STREET ADDRESS (If rural give location): 1208 Druid Hill Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) KINDLE

4. DATE OF DEATH: (Month) November (Day) 21 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-29-91

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Secretary - U.S.M.C.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elbert

14. MOTHER'S MAIDEN NAME: Maggie Hegue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 220-30-0589

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) LYMPHOBLASTIC SARCOMA OF LUNG (RIGHT MIDDLE LOBE) — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-17-52, 10-30-52 — 19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy, Lobectomy, right middle lobe

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13, 19 52, to Nov. 21, 19 52 xxxxxxxxxxxxxxxx

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John T. Brackin — JOHN T. BRACKIN, M. D. — VAH, FORT HOWARD, MARYLAND — 11-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Nov. 24, 1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park Crematory — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/24/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 Druid Hill Ave. Baltimore, Maryland

Duncan

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville (Rural); LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Rural; STREET ADDRESS (If rural give location) Ivy Hill Rd

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F. (Last) Fong

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jan. 6 1864

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: County Roads

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Fong

14. MOTHER'S MAIDEN NAME: Rosella Workman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Louis Fong, Brooklandville, Balto. Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis general — years

(c) hypertension — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-30, 19..., to 11-4-52, 19..., that I last saw the deceased alive on 11-3-52, 19..., and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE James L. Lahell (Degree or title) M.D. ADDRESS Reisterstown, Md DATE SIGNED 11-5-52

25. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 7 1952

NAME OF CEMETERY OR CREMATORY Grace

LOCATION (City, town, or county) (State) Catonsville, Md

DATE REC'D BY LOCAL REG. 11/6/52

REGISTRAR'S SIGNATURE Wm. J. Whitcomb

24. FUNERAL DIRECTOR ADDRESS Lauder M. Brooks, Sparks, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 30

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 146 Duke of Gloucester Street

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) F (Last) KING

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (WIDOWED)

8. DATE OF BIRTH: 25 Aug 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George King

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334X
Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
DUE TO
Antecedent cause(s) (b) Generalized (+ cerebral) arteriosclerosis — unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

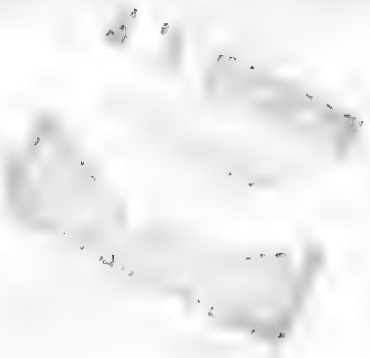
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 19 52, to 11-22, 19 52, that I last saw the deceased alive on 11-22, 19 52, and that death occurred at 12:35 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Elyne Williams M.D Spring Grove State Hospital 11-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 11-25-52 — NAME OF CEMETERY OR CREMATORY: St Annes — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Nov. 24, 1952 — REGISTRAR'S SIGNATURE: Victor E. Harry — FUNERAL DIRECTOR — ADDRESS: John W. Layton Sons Annapolis Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Maryland~~ Fort Howard

LENGTH OF STAY (in this place): 5 hrs 35 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 519 N. Ellwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) VALENTINE (Middle) (NMI) (Last) KING

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	5-7-96	56 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Factory Worker	sink	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John J. King	Lottie ~~Mother~~ Riefner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.1

Immediate cause (a) PERFORATED DUODENAL ULCER WITH GENERALIZED

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) PERITONITIS

DUE TO (c)

Interval Between Onset And Death: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 3:00 P.M., 52, to Nov. 2, 8:35 P.M., 1952, and that death occurred at 8:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 11-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/6/52 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 11/8/52 — REGISTRAR'S SIGNATURE: [signature] Clerk

24. FUNERAL DIRECTOR: Henry Sander & Sons Inc. Funeral Home — ADDRESS: North Avenue & Broadway, Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; LENGTH OF STAY (in this place) 18 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5537 Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) 5537 Windsor Mill Road

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Iola (Last) Kirk

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 26, 1875

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Wife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Nicholson

14. MOTHER'S MAIDEN NAME: Martha Widerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Donald H. Kirk 5504 Dogwood Rd. (7)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) coronary thrombosis	Nov 14. 52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cardio vascular disease	about 2 yrs.
	(c)	

470.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis — ?

19a. DATE OF OPERATION: ---- 19b. MAJOR FINDINGS OF OPERATION: ---- 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---- PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---- (CITY OR TOWN) ---- (COUNTY) ---- (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from March 19 51 to Nov. 26 19 52 that I last saw the deceased alive on Nov. 26, 19 52 and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE Hallie Dunbar (Degree or title) M.D. ADDRESS 2220 Garrison Blvd DATE SIGNED 11/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12-1-1952 | NAME OF CEMETERY OR CREMATORY: Mt. Olive | LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 12/1/52 | REGISTRAR'S SIGNATURE Kris. Mitchell

24. FUNERAL DIRECTOR: G. Howard Strong ADDRESS 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (P)
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2344 RUTH AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (P)
STREET ADDRESS (If rural, give location) 2344 RUTH AVE

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) LOUIS (Last) KRAEMER, SR.

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 12-14-1951

9. AGE last birthday: ____ yrs. If under 1 year: Months 11 Days 13 If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ____

10b. KIND OF BUSINESS OR INDUSTRY: CHILD.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: CHAS. L. KRAEMER, SR.

14. MOTHER'S MAIDEN NAME: KATRINA R. SMALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ____

16. SOCIAL SECURITY NO.: ____

17. INFORMANT AND ADDRESS: CHAS. L. KRAEMER, SR. (SAME)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
50/X Immediate cause	(a) Respiratory failure	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Laryngo-tracheal-bronchitis	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ____

19b. MAJOR FINDINGS OF OPERATION: ____

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ____

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ____ (CITY OR TOWN) ____ (COUNTY) ____ (STATE) ____

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1952 to 11-27, 1952; that I last saw the deceased alive on 11-26, 1952, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE: Robert E. Fowler (Degree or title) M.D. ADDRESS: Spanows Point Md DATE SIGNED: 11-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF: 11-30-52 NAME OF CEMETERY OR CREMATORY: [illegible] MEM. PK. LOCATION (City, town, or county) (State): BEL AIR-HARFORD

DATE REC'D BY LOCAL REG.: NOV. 28-52 REGISTRAR'S SIGNATURE: Dawson L. Harper

24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

V 1

VS-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto- MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5yr. 5mos. 3dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSP. CATONSVILLE, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto City.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Last address was.
STREET ADDRESS (If rural, give location) 2543 Pelham Ave. Balto, Md

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) A. (Last) LATTIER.

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/1/1880

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Constructions

11. BIRTHPLACE (State or foreign country): U.S.A.-Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George J. Lattier

14. MOTHER'S MAIDEN NAME: Anna C. Frieman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
C.22 X
Immediate cause (a) CNS lues c Cerebral thrombosis — Interval between onset and death: ?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) eg Cardiac thrombosis c luetic
DUE TO (c) Aortic Aneurysm

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generalized.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1947, to Nov 18, 1952, that I last saw the deceased alive on Nov 18, 1952, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
SPRING GROVE HOSPITAL, CATONSVILLE, Md. C.J.R. Crown, M.D. 11/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/22/52
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 11/24/52
REGISTRAR'S SIGNATURE John. Hedrick Deputy

24. FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Sons Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

Baltimore

1. PLACE OF DEATH: COUNTY ROSEWOOD — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OWINGS MILLS — STATE MARYLAND — LENGTH OF STAY (in this place) 17 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS ROSEWOOD STATE TR. SCHOOL TUBERCULOSIS HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COLLEGE PARK — COUNTY PRINCE GEORGES — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEWOOD, OWINGS MILLS — STREET ADDRESS ROSEWOOD (If rural, give location) OWINGS MILLS, MD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	ANN	LEPSON	11.	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	SINGLE	10/16/32	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	WASHINGTON D.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS LEPSON	ANN A. ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No. No.	NONE	MRS GIBSON K. ROSEWOOD, OWINGS MILLS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) PULMONARY TUBERCULOSIS	indeterminate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) EPILEPSY	20 yrs.
(c) I.Q. 1.	18 yrs.
	21 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none.	none	none		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none. m.		none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.D. Caples,	Deputy Med. Exam.	M.D. Reisterstown, Md.	11-19-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 21-52	Forest Lawn Cem.	Prince George Co. Md.

DATE REC'D BY LOCAL REG. 11-20-52	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Mary B. Zinn	Gaschs Funeral Home	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Dr D. D Caplin
Hanover Rd
Princeton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-51)

1. PLACE OF DEATH:
COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Carroll Green Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) Henry Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Henry (Last) Lightner

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Dec. 3 1877

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clay Miner

10b. KIND OF BUSINESS OR INDUSTRY: Pottery

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Lightner

14. MOTHER'S MAIDEN NAME: Mary Wappler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Cerebral Hypercalcitis — Interval Between Onset and Death: 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Nov. 3, 1952, that I last saw the deceased alive on Nov. 3, 1952, and that death occurred at 8:00 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James F. White M.D. — 422 Eastern Ave Baltimore 21, Md — 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 6-52 — NAME OF CEMETERY OR CREMATORY: Baltimore Cem. — LOCATION (City, town, or county) (State): North & Milton Ave. Balto.

DATE REC'D BY LOCAL REG.: 11/3/52 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: John G. Connelly, Essex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12295

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE 24 Glenmore Ave. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 24 Glenmore Ave.

3. NAME OF DECEASED (Type or Print): (First) Harriett (Middle) E. Livingston (Last)

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30/52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 5, 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Woolen

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Millard Livingston, 3021 E. Monument St. 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 13 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio-Sclerosis — 5 yrs

(c) Diabetes — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1952, to Nov. 30, 1952, that I last saw the deceased alive on Nov 30, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edgar H. Benson M.D. 1W. Oak Lane Balto Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Dec. 3, 1952

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 12/1/52

REGISTRAR'S SIGNATURE: A. W. Redinc M.D.

24. FUNERAL DIRECTOR: Philip Hunt Sons

ADDRESS: 2024 Orleans St. 31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12297

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore rural~~ Colgate
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7610 Riddle Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore rural~~ Colgate
STREET ADDRESS (If rural, give location) 7610 Riddle Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILBERT (Last) LUDWIG

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 18, 1909

9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Steel Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Ludwig, Sr.

14. MOTHER'S MAIDEN NAME: Margaret Lenz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Barbara Ludwig 7610 Riddle Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolism — 5 Minutes

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 years

(c) Obesity — 20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sciatica

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940 to Nov 19, 1952; that I last saw the deceased alive on Nov. 19, 1952; and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Morris A. Jacobs ADDRESS 1010 North Point Rd DATE SIGNED 11/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov. 24, 1952 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Colgate, Md.

DATE REC'D BY LOCAL REG.: 11/24/52 — REGISTRAR'S SIGNATURE: Ethel W. Hedrick Asst.

24. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.,

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5539 Oregon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 5539 Oregon Ave.

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) (Last) MAGENHOFER

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 25, 1876

9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rudolph Hanck

14. MOTHER'S MAIDEN NAME: Josephine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Irma Magenhofer-5539 Oregon Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage due to hypertensive	8/21/51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardio-vascular disease.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1951, to 11/4/, 1952, that I last saw the deceased alive on 11/4/, 1952, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward A Kemp MD · 4116 Edmondson Avenue · Nov. 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/8/52 | NAME OF CEMETERY OR CREMATORY: Lorraine Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: November 8 1952 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: John J. Wehner & Sons Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk — LENGTH OF STAY (In this place) — MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk — STREET ADDRESS (If rural, give location) 33 Northship

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J (Last) Manley

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 12 1890

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker retired

10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel

11. BIRTHPLACE (State or foreign country): Wales

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Manley

14. MOTHER'S MAIDEN NAME: Alice Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Roxie Manley 33 Northsip Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420 1 **Immediate cause** (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr David [illegible] 33 Northship Rd Balto Md 11/24/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: NOV 26 1952 — NAME OF CEMETERY OR CREMATORY: SACRED HEART — LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG. 11/25/52 — REGISTRAR'S SIGNATURE: H W Hedrick Dmk

24. FUNERAL DIRECTOR — ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12344

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maryland Ex. Hospital
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1206 Russell Street

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) P. (Last) MASKELL

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-13-88

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Steam fitter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel

14. MOTHER'S MAIDEN NAME: Hannah Meade

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 212-07-4971

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: BRONCHOGENIC CARCINOMA OF LEFT LUNG — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov.17, 1952, to Nov.30, 1952, [redacted] and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE: [redacted] (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 12-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 6 1952
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR: 12-2-52
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Leo G. Cook Funeral Home
ADDRESS: 1703 N. Patterson Park Ave., Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3248 Magnolia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
STREET ADDRESS (If rural, give location) 3248 Magnolia Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE		McKEWEN	Nov.	20	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Nov. 21, 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired Cutter	Shirt Mfg.	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John McKewen	- Buckey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Mrs. Kate McKewen-3248 Magnolia Ave./ English Consul Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 days
X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Nov 20, 1952, that I last saw the deceased alive on Nov 19, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Paul Schmidt (Degree or title) ADDRESS 730 Cumpston Md DATE SIGNED 11/24/52

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/24/52	Western Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/24/52	Edward	Wm. J. Tichener	

VS. Alb. 7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay 6
STREET ADDRESS (If rural, give location) 13 Greenwood Ave

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) (Last) McLAIN
4. DATE OF DEATH (Month) Nov. (Day) 7 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
F	W	Single	Apr. 21-1906	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	Own Home	Balto City Md	U.S.A.

13. FATHER'S NAME John R. McLain
14. MOTHER'S MAIDEN NAME Carrie M. McLain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	— —	Miss. Sarah C. Harrison 2116 N. Charles St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Sarcoma — Interval between onset and death: 7 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 4, 1949, to Nov 7, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harvey L. Fuller	MD	Ridge Rd, Baltimore 6	Nov 7/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/52	Parkwood Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 15, 1952	Edith Hurley	Lassahn Funeral Home	701 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; STREET ADDRESS (If rural, give location) 317 Central Ave.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Todd (Last) Meredith

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 30/74

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Cambridge, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William M. Todd

14. MOTHER'S MAIDEN NAME: Ida A. Eunick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: G.W. Seabold, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — years

(c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-32, 19..., to 11-22-52, 19..., that I last saw the deceased alive on 11-22-52, 19..., and that death occurred at 7P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

11-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov. 24, 1952

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): Baltimore City

DATE REC'D BY LOCAL REG. 11-23-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

NOV 26 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 258 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 30
STREET ADDRESS (If rural give location): 2414 Maisel Court

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) E. (Last) MILLER

4. DATE OF DEATH: (Month) November (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-31-97

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Meat cutter

10b. KIND OF BUSINESS OR INDUSTRY: BUTCHER

11. BIRTHPLACE (State or foreign country): Morehead, Ky.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Anderson Miller

14. MOTHER'S MAIDEN NAME: Hattie Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 400-07-7563

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 4 yrs 2 mos

C-07X
Immediate cause (a) PULMONARY TUBERCULOSIS
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1952, to Nov. 18, 1952, [illegible] and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE F. G. Dickey (Degree or title)
ADDRESS FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.
DATE SIGNED 11-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 11-19-52
NAME OF CEMETERY OR CREMATORY: MOREHEAD
LOCATION (City, town, or county) (State): Morehead, Kentucky

DATE REC'D BY LOCAL REGISTRAR 11/19/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR: Howard Blight Funeral Home
ADDRESS: 6009 Harford Rd. Baltimore, Md.

SHIPPED TO: Lane Funeral Home, Morehead, Kentucky

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Rural — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Rural
STREET ADDRESS (If rural, give location) Warren Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Carroll (Last) Milway

4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 23, 1901

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Varnish Mfg. Crown Cork & Seal

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Milway

14. MOTHER'S MAIDEN NAME: Anna Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: LeRoy Howard, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Heart disease, vascular; coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart disease, vascular, coronary (type undetermined) — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

Blood chemistry

SIGNATURE: Rollin E. Hudson M.D. (Degree or title) D.M.E. ADDRESS: Towson Md DATE SIGNED: 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 5 1952 — NAME OF CEMETERY OR CREMATORY: Poplar Grove — LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE REC'D BY LOCAL REG. 11/4/52 — REGISTRAR'S SIGNATURE: W. J. Chilcoat

24. FUNERAL DIRECTOR: Landon M. Brooks, Sparks, Md. — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1-A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Sudbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 115 Sudbrook Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Mohan

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2-2-1915

9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Atlantic Distributing Co.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas F. Mohan

14. MOTHER'S MAIDEN NAME: Laura Parry-Mohan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-1260

17. INFORMANT AND ADDRESS: Laura Parry Mohan - Pikesville,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Donald L. Somerville, M.D. — 25 W. Pa. Ave, Towson 4, Md — 11/30/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 12/3/52 — NAME OF CEMETERY OR CREMATORY: St. Charles — LOCATION (City, town, or county) (State): Pikesville 8, Md

DATE REC'D BY LOCAL REG. 12/2/52 — REGISTRAR'S SIGNATURE: A. E. Feldmeier M.D.

24. FUNERAL DIRECTOR — ADDRESS: Frank A. Newell - Pikesville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3c

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 16yrs 11½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2820 Bernard St

3. NAME OF (Type or Print): (First) Amanda (Middle) (Last) Murray

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 5, 1868

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Backman

14. MOTHER'S MAIDEN NAME: Julia —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hospital Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 30 min.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis — 4 years

(c) Arteriosclerotic heart disease — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1952, to Nov 12, 1952, that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 6:28 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John P. Risley MD — ADDRESS: Spring Grove State Hospital, Catonsville, Md. — DATE SIGNED: Nov 13, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 15-52 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 11/14/52 — REGISTRAR'S SIGNATURE: Ada Reduck — 24. FUNERAL DIRECTOR: Frank J. Smith — ADDRESS: 814 W. 36th St

Duck

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 3-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Dr. at Oneida ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS Riverside Dr. at Oneida ave (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Oh (Last) Myers Sr.

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 10 - 1895

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Myers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-07-5504

17. INFORMANT & ADDRESS: Anna C. Myers Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion — Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1951, to Nov 21, 1952 that I last saw the deceased alive on Nov 9, 1952, and that death occurred at 10.20 p.m., from the causes and on the date stated above.

SIGNATURE Jack J. Berger M.D. (DEGREE OR TITLE) ADDRESS 506 E. North Ave DATE SIGNED 11-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/25/52

NAME OF CEMETERY OR CREMATORY Oak Lawn

LOCATION (City, town, or county) (State) Eastern Ave. Md.

DATE REC'D BY LOCAL REG. 11/24/52

REGISTRAR'S SIGNATURE Edward Hill Federal Dirk

24. FUNERAL DIRECTOR John D Connelly ADDRESS 418 Eastern Ave Balto. 21, Md.

506 E. 11th Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1210 W. 40th St

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Nace

4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1876

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450 ?

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Arteriosclerosis — indefinite

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to Nov 2, 1952, that I last saw the deceased alive on Nov 2, 1952, and that death occurred at 1:31 P.M., from the causes and on the date stated above.

SIGNATURE Frederick E. Phillips M.D. (DEGREE OR TITLE) Spring Grove State Hosp. (ADDRESS) DATE SIGNED Nov 3 1952

23. BURIAL, CREMATION REMOVAL (Specify): Interment — DATE THEREOF Nov. 5-52 — NAME OF CEMETERY OR CREMATORY Grace Run — LOCATION (City, town, or county) Grace Run Balt Co (State) Md

DATE REC'D BY LOCAL REG. 11/5/52 — REGISTRAR'S SIGNATURE H. Redinck

24. FUNERAL DIRECTOR Frank H. Seitz — ADDRESS 814 N. 36th St

Dark

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12210

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
MARYLAND LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural give location) Shadyside

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) (NMI) (Last) NICK

4. DATE OF DEATH: (Month) November (Day) 27, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/14/89

9. AGE last birthday: 63
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS / INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shadyside, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Nick

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16 SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

010X

Immediate cause (a) TBC MENNIGITIS — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) BRONCHOPNEUMONIA — UNKNOWN

DUE TO

(c) HEART FAILURE — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.25, 1952, to Nov.27, 1952, that death occurred at 12:40 A.M., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) AUSTIN T. NORTON, M.D., C.P.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 11/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY St.Mathews Cemetery

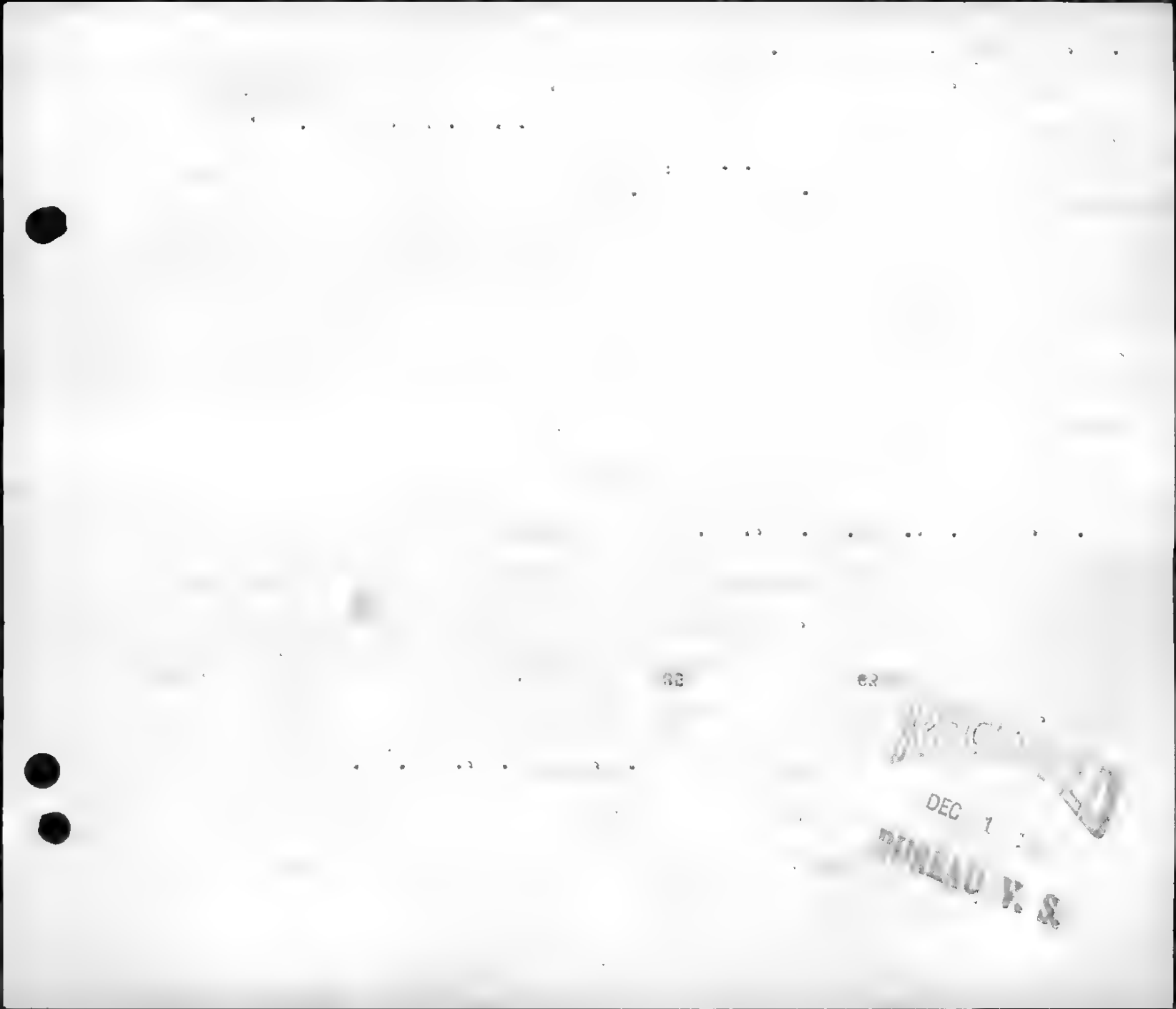
LOCATION (City, town, or county) (State) Shadyside, Maryland

DATE RECD BY LOCAL REGISTRAR Nov. 27-52

REGISTRAR'S SIGNATURE Dawson L. Barber

24. FUNERAL DIRECTOR ADDRESS Hardesty Funeral Home, Galesville, Md.

VS. A15


DEC
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville | LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 2915 Fleetwood Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Austin	B	Pasquith	Nov	13	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widowed	Nov. 15 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
B.O. Yard Foreman	Retired	Va.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Frank Stockman 436 N. Highland Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

152x **Immediate cause** (a) Carcinoma of colon with metastases — 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
18 aug 52	Carcinoma of colon	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3 Sep, 19 52, to 13 Nov, 19 52, that I last saw the deceased alive on 12 Nov, 19 52, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Royer	M.D.	Pikesville Md	13 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 17 - 52	Lorraine Park	Windsor Mill Md. Balto. Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/14/52	A.W. Hedrick	Siegel Bros.	1500 E. Lombard St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 2 Mo., 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard and Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Baltimore city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4203 Ridgewood Avenue

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Orville (Last) Peale
4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: November 1884
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Westinghouse Elec. Co.
11. BIRTHPLACE (State or foreign country): Rockbridge Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene O. Peale
14. MOTHER'S MAIDEN NAME: Betty Eakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage from esophageal varices — Interval Between Onset and Death: Terminal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cirrhosis of the liver (alcoholic) — 2 yrs.
(c) Chr. myocarditis - generalized arteriosclerosis. — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholic deterioration — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952 to Nov 17, 1952, that I last saw the deceased alive on Nov. 17, 1952, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson, Md. DATE SIGNED 11/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 20/1952
NAME OF CEMETERY OR CREMATORY: Allegheny
LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REG. 11/18/52
REGISTRAR'S SIGNATURE A. W. Hedrich M.D.
24. FUNERAL DIRECTOR Harry R Comaco ADDRESS 4204 Ridgewood Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Berryman's Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Berryman's Lane

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) M (Last) Penny
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 22, 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	April 8, 1872	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levy Griswold
14. MOTHER'S MAIDEN NAME: Florence M. Tripplet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Marion A. Harrison, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at work ☐ Not while at work ☐ none
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
D. D. Caples	Deputy Med. Exam., M.D. Reisterstown, Md.	Nov. 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 25, 1952	Deer Park Cemetery	Reisterstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-24-52	Mary B. Eline	J. F. Eline & Sons, Reisterstown, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 88 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 19
STREET ADDRESS (If rural give location): 2913 Sparrows Point Road

3. NAME OF DECEASED: (First) JOHN (Middle) H. (Last) PETERS
4. DATE OF DEATH: (Month) November (Day) 29, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 12/24/98
9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas C. Peters
14. MOTHER'S MAIDEN NAME: Elizabeth Rice

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW II
16. SOCIAL SECURITY No.: 212 05 5082
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 5X

Immediate cause (a) CARCINOMA OF RIGHT LUNG — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: UNK.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 19 52, to Nov. 29, 19 52, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT M.D.
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 11-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/2/52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland
ADDRESS

DATE REC'D BY LOCAL REGISTRAR: 12/1/52
REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.
24. FUNERAL DIRECTOR: William Cook, Inc. St.Paul & Preston Sts. Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS—115 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills

LENGTH OF STAY (In this place): 7mo 3days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.

STREET ADDRESS (If rural, give location): 5610 Axon Hill Road - S.E. √

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Susan Rose Phelps	November 10 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W.	Single	4-4-51	One yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant		√ —	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Clarence Augustine Phelps, Jr.	Louise Pyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Interstitial Pneumonia with	~~approx.~~ 5 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiac Failure	24 hrs
	(c) Idiopathic Epilepsy	since 3 mos of age

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 19 52, to Nov. 10, 19 52, that I last saw the deceased alive on Nov. 10, 19 52, and that death occurred at 11:08 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Viola B. Johns, M.D.	Rosewood State Training School	11-10-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/11/52	Arlington National Cem.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR.	ADDRESS
1/16/53	Dmd	Wm. J. Tolener & Sons	Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-10-2-51

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 16 7/12 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 2911 E. MADISON ST.

3. NAME OF DECEASED: (First) (Middle) (Last)
(ANTOINETTE) TENA A. POKORNY

4. DATE OF DEATH: (Month) (Day) (Year) NOV. 16 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: JAN. 10, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES BARTUNEK

14. MOTHER'S MAIDEN NAME: ANNA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: JOSEPH POKORNY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) PNEUMONIA - ETIOLOGY UNKNOWN	2 WEEKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO SECONDARY ANEMIA, DECUBITUS ULCERATUS	4 MONTHS
	(c) DUE TO PARKINSONISM, SEVERE	YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SCHIZOPHRENIA, PARANOID TYPE — YEARS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1936, to 11/16, 1952; that I last saw the deceased alive on 11/16, 1952, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

SIGNATURE Gilbert A. Kurland (DEGREE OR TITLE) MD ADDRESS Spring Grove State Hosp. DATE SIGNED NOV 16/52

23. ~~BURIAL~~, CREMATION, ~~REMOVAL (Specify)~~ Cremation — DATE THEREOF 11/18/52 — NAME OF ~~CEMETERY~~ OR CREMATORY Green Mount — LOCATION (City, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 11/18/52 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St.

M.96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5604 Hamilton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 5604 Hamilton Ave

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) V. (Last) Price

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 19, 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Sanders

14. MOTHER'S MAIDEN NAME: ? Knopp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Jennie Beard, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular disease — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19 52, to Nov 18, 19 52, that I last saw the deceased alive on Nov 18, 19 52, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: J M Baum (Degree or title) MD — ADDRESS Balto 6 Md — DATE SIGNED 11/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/20/52 — NAME OF CEMETERY OR CREMATORY: Moreland Mem — LOCATION (City, town, or county) (State): Taylor Ave Md

DATE REC'D BY LOCAL REG. 11/18/52 — REGISTRAR'S SIGNATURE: A.W. Kedrich M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Mrs Mildred I. Blight, 6009 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 yr-9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hamilton
STREET ADDRESS (If rural, give location) 3007 Christopher Ave

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) E (Last) PRICE

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 2[illegible], 1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hutzler Salesperson

10b. KIND OF BUSINESS OR INDUSTRY: Retail

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PRice

14. MOTHER'S MAIDEN NAME: Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-8074A

17. INFORMANT & ADDRESS: Mr. John H. Price 3007 Christopher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 443X (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardiovascular disease

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 19.51, to 11-29, 19.52, that I last saw the deceased alive on 11-29, 19.52, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Sara E. Bennett, M.D. Spring Grove State Hosp. 11-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/2/52

NAME OF CEMETERY OR CREMATORY Greenmount

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 12/1/52

REGISTRAR'S SIGNATURE A.W. Hedrick M.D.

FUNERAL DIRECTOR L.J. Kuck ADDRESS 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highlands; MARYLAND; LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2806 New York Rue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore High Lands
STREET ADDRESS (If rural give location) 2806 New York Rue.

3. NAME OF DECEASED (Type or Print): (First) Monica (Middle) (Last) Puklavich

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 1859 | 9. AGE last birthday: 93 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Lithuania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Anna Ezell 701 Coleridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral thrombosis right — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1949 to 11-22, 1952, that I last saw the deceased alive on 11-22, 1952, and that death occurred at 11:65 P m., from the causes and on the date stated above.

SIGNATURE: John P. Ulrich, Jr. | (Degree or title): M D | ADDRESS: 1227 Washington Blvd | DATE SIGNED: 12-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 2/52 | NAME OF CEMETERY OR CREMATORY: St Stanislaus | LOCATION (City, town, or county): Dundalk Rd | (State): Md

DATE REC'D BY LOCAL REG. 12/2/52 | REGISTRAR'S SIGNATURE: A. W. Fedrick M.D. | 24. FUNERAL DIRECTOR: Charles W. Zachauskas | ADDRESS: 703 McHenry St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 35 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 317 E. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Siford (Last) Pullen
4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: April 20, 1880
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sylvester Siford
14. MOTHER'S MAIDEN NAME: Martha Eeles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Cordelia Butenas 317 E. Joppa Rd Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular accident — 3 weeks

443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Hypertensive & arteriosclerotic vascular disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to Nov 22, 1952, that I last saw the deceased alive on Nov 21, 1952, and that death occurred at 1:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Donald L. Somerville, M.D. 25 W. Pa. Ave, Towson 4, Md 11/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Nov. 25, 1952 Rawlings Hill Cemetery Towson 4, Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
Nov. 25, 1952 Mabel C. Gray Towson Funeral Home, Towson, Md.

NOV 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12321

CERTIFICATE OF DEATH

Reg. Dist. No. KK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 221 Colvin Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) H. (Last) QUEEN

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-26-96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Railway Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Queen

14. MOTHER'S MAIDEN NAME: Mary (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 215-12-5256

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Interval Between Onset And Death: 4 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.3, 1952, to Nov.4, 1952, and that death occurred at 11:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M.D. Chief, Medical Service — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 11/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-10-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/12/52 — REGISTRAR'S SIGNATURE: H W Redeck, Deputy

24. FUNERAL DIRECTOR — ADDRESS: Arlington Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12999

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (Rev. 1-51)

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2211 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2211 Taylor Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) (Last) RABERG

4. DATE OF DEATH: (Month) November (Day) 17, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: May 15, 1890

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Austen

14. MOTHER'S MAIDEN NAME: France Bratten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Catherine Owings, 5603 N. Charles Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary thrombosis	5 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive C V D.	—
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Nov. 17, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Harold A. Gratt, M.D. 8100 Harford Rd. 11/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/20/52

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. 11/18/52

REGISTRAR'S SIGNATURE A. W. Hedrick M.H.

24. FUNERAL DIRECTOR Wm Cook Inc., ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7908 Beverly Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 7908 Beverly Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Rains

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 1-1886

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Koupa

14. MOTHER'S MAIDEN NAME: Frances ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Allen L. Rains - 7908 Beverly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Annular Carcinoma Hepatic Flexure Colon — 6 Mos.

Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation — 2 Yrs.

19a. DATE OF OPERATION: 15 August 52

19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca of hepatic flexure colon with numerous metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1952, to 17 Nov, 1952, that I last saw the deceased alive on 16 Nov, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward L. Nash M.D. ADDRESS 7925 Harford Rd Baltimore 14 Md. DATE SIGNED 19 Nov 52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 26-1952 — NAME OF CEMETERY OR CREMATORY: Moreland Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 11/19/52 — REGISTRAR'S SIGNATURE A. M. Hedrick M.D. — 24. FUNERAL DIRECTOR: J. Luck — ADDRESS: 5305 Harford Rd

VS. A15

Dr. Molz - 12-To-2
7425 HARford

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Westminster Road

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) Paul (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1925

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul Calvin Reed

14. MOTHER'S MAIDEN NAME: Martha Kibler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Paul Clavin Reed, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Nephritis (Chronic glomular)	4 yrs
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes	20 yrs
	(c) hypertension	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1934 to 11-15-52, that I last saw the deceased alive on 11-15-52 and that death occurred at 7-5 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fanny G. Sadler M.D. ADDRESS Reisterstown Md DATE SIGNED 11-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov. 18, 1952

NAME OF CEMETERY OR CREMATORY: Beam Chapel

LOCATION (City, town, or county) (State): Luray, Va.

DATE REC'D BY LOCAL REG.: 11-17-52

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (8-52)

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 20yrs. 4mos. 10das
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1824 Ramsey Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Russell (Last) Richardson

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [redacted]

8. DATE OF BIRTH: 2-15-1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: B&O R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Richardson

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/4 x

Immediate cause (a) Hypertensive cardio-vascular disease with — Interval Between Onset and Death: 10 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Multiple cerebral thrombosis — "

DUE TO

(c) General arteriosclerosis — "

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9-..., 19..32., to 11-19-..., 19..52., that I last saw the deceased alive on 11-19-..., 1952.., and that death occurred at ...3:40A.m., from the causes and on the date stated above.

SIGNATURE J.R. Curran M.D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 11-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Nov. 21/52

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Balto. 29, Md.

DATE REC'D BY LOCAL REG. 11/20/52

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Harry A. Mitchell

ADDRESS 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in The Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 344 Illchester Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) -- -- (Last) RYAN

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B & O RR.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Ryan

14. MOTHER'S MAIDEN NAME: Julia Bestermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO. -

17. INFORMANT AND ADDRESS: Mrs. C. Meade 344 Illchester Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmon Edema	1 day
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Disease	14 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Emphysema — 7

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1952, to 11/12, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at 1130 m., from the causes and on the date stated above.

SIGNATURE James A. Fitzsimmons (Degree or title) — ADDRESS 721 Medical Arts Bldg — DATE SIGNED 11/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-15-52 — NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Park — LOCATION (City, town, or county) (State) Howard Co.

DATE REC'D BY LOCAL REG. 11/17/52 — REGISTRAR'S SIGNATURE A. W. Hedrich M.D. — 24. FUNERAL DIRECTOR Wieleebt & Son — ADDRESS GREENMOUNT AVE & 22ND.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Catonsville Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5412 Channing Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 5412 Channing Rd.

3. NAME OF DECEASED (Type or Print) (First) David (Middle) S. (Last) Saline

4. DATE OF DEATH (Month) Nov. (Day) 13 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Dec. 18 1934

9. AGE last birthday 17 yrs. If under 1 year Months 10 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anthony Saline

14. MOTHER'S MAIDEN NAME Jennie Marsala

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Anthony Saline 5412 Channing Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

744.1 Immediate cause (a) Progressive Muscular Dystrophy — Interval Between Onset and Death: 14 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to Nov, 1952, that I last saw the deceased alive on Nov 13th, 1952, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H. Bix M.D. 2516 Linden Ave 11-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 17 1952

NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 11/14/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Paul Feldmeier

ADDRESS 322 S High St.

Item 18 Film G150 1-8-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; MARYLAND; LENGTH OF STAY (In this place) 6 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; STREET ADDRESS (If rural, give location) Warren Road

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) Paul (Last) Sanford

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Sept 30, 1952

9. AGE last birthday: 6 weeks; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Glenn Thomas Sanford

14. MOTHER'S MAIDEN NAME: Jane Marjorie Kearney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Septicemia, Interstitial pneumonitis and Bronchopneumonia due to

(c) Micrococcus pyogenes var. aureus (hemolytic)

770.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: B S Fahey (Degree or title) MD ADDRESS 700 Fleet St DATE SIGNED 11/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 11-13-52; NAME OF CEMETERY OR CREMATORY: Fisher Grove; LOCATION (City, town, or county) Cockeysville (State) Md

DATE REC'D BY LOCAL REG. 11/12/52; REGISTRAR'S SIGNATURE: W. J. Whitcomb

24. FUNERAL DIRECTOR: J. Scott Crook, Sparks, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARADISE Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 2031 E. BALTO. ST.

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) (Last) SCHLOMOVITZ

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH:

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: AARON STEIN - 3506 TRAINOR AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	13 days
	(c) Senerol & cerebral sclerosis	Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1952, to Nov. 7, 1952, that I last saw the deceased alive on Nov. 6, 1952, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis E. Wice M.D. 920 St. Paul St. Nov. 7, '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11-7-52
NAME OF CEMETERY OR CREMATORY: Rosedale
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 11/7/52
REGISTRAR'S SIGNATURE: H. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS: Jack Lewis Inc - 2100 Eutaw Pl.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12330

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8010 Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 8010 Old Harford Road

3. NAME OF DECEASED (Type or Print): (First) (Middle) SADIE G. SCHMIDT (Last)

4. DATE OF DEATH: (Month) II/II/52 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 7/23/1868

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Baker

14. MOTHER'S MAIDEN NAME: Anna Cochrane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Diffuse Carcinomatosis	11 mos
170X Antecedent cause(s)		due to carcinoma left Br ast	3½ years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1952, to 11/11, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John H. Hirschfeld M.D. ADDRESS: 6919 Harford Road DATE SIGNED: 11/13/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE: II/I4/52 NAME OF CEMETERY OR CREMATORY: Baltimore LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 11/13/52 REGISTRAR'S SIGNATURE: D.W. Kendrick

24. FUNERAL DIRECTOR: James L. McCully - ADDRESS: I30 E. Fort Avenue

Former Adress 1709 N. Washington St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12331

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1724 Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) S (Last) Schneider

4. DATE OF DEATH (Month) Nov. (Day) 6, (Year) 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 9, 1860

9. AGE last birthday 85 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Uknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-20-3181A.

17. INFORMANT AND ADDRESS Rec. Augsburg Home Campfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1.3x Immediate cause	(a) CARCINOMA OF THE LOWER BOWEL.	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SENILITY.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 11/6, 1952, that I last saw the deceased alive on 11/5, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) M.D. ADDRESS Catonsville, Md. DATE SIGNED 11/7/52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/10/52

NAME OF CEMETERY OR CREMATORY Baltimore Cem.

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 11/10/52

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR Paul A. Hoffman ADDRESS 6067 Harford Rd.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise & Altamont

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3004 Rosalie Ave.

3. NAME OF DECEASED (Type or Print): (First) Adolph (Middle) C. (Last) Schultz

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 19-52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 7-1895

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Beth Ship Repair

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher Schultz

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-07-4225

17. INFORMANT: Mrs. Clara M. Schultz - 3004 Rosalie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	1/2 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ant. & post myocardial infarctions	2 yrs
420.1	(c) Coronary sclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Nov, 1952, to 23 Nov, 1952; that I last saw the deceased alive on 19 Nov, 1952 and that death occurred at 12 45 P m., from the causes and on the date stated above.

SIGNATURE Stephen Lee Wagness (Degree or title) M.D ADDRESS Catonsville 28, Md DATE SIGNED 11-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Nov. 26-1952; NAME OF CEMETERY OR CREMATORY Balto National; LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 11/24/52; REGISTRAR'S SIGNATURE Ross Hedrick; 24. FUNERAL DIRECTOR J. Ruck; ADDRESS 5305 Harford Road

VS. A15

Dr. MAGNESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Catonsville
LENGTH OF STAY (in this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 649 North Bend Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 649 North Bend Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): LOUISA-ELIZABETH SEIBERT

4. DATE OF DEATH: (Month) (Day) (Year): Nov 28 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan 1. 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob W. Seibert

14. MOTHER'S MAIDEN NAME: Catherine Fohs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Margaret Reinhardt 649 North Bend Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a): Acute Cardiac Failure — Interval Between Onset and Death: 1 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b): Chronic Nephritis & Hypertension — Interval Between Onset and Death: Yrs

DUE TO (c): Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 19 50, to 11/28, 19 52, that I last saw the deceased alive on 11/28, 19 52, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE): Joseph G. Faulcats MD — ADDRESS: 674 Washington Blvd Balto 30 — DATE SIGNED: 11/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 1-1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 11-29-52 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR — ADDRESS: John A. Teufel 5311 Edmondson Ave

DEC 1 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — Acme Hall MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Windsor Mill Rd & Rolling Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Hebbville
STREET ADDRESS (If rural, give location) Windsor Mill Rd Rolling Rd

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) ada (Last) Sellman
4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 19 52

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 25 1885 | 9. AGE last birthday 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Balto Co | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Kirk | 14. MOTHER'S MAIDEN NAME Charlotte Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Harry E. Sellman Hebbville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201 **Immediate cause** (a) Coronary heart disease

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Geo W. Kieffer M.D. Deputy Balto Co 1010 Leadenhall Nov 13, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Nov 16 52 | NAME OF CEMETERY OR CREMATORY Mt Auburn Cem | LOCATION (City, town, or county) (State) Randallstown Md

DATE REC'D BY LOCAL REG. 11/17/52 | REGISTRAR'S SIGNATURE A W Hedrick M.D. | 24. FUNERAL DIRECTOR E. Thomas | ADDRESS Pikesville Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Balto — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whitemarsh — LENGTH OF STAY (in this place): 55 y-s
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phila Rd

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whitemarsh
STREET ADDRESS (If rural give location): Phila Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clara	M.	Smith	Nov	29	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	W.	widowed	May 20-1869	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	own Home	Balto. City Md.	U.S.A.

13. FATHER'S NAME: — — Hill

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Marvin Smith, Phila. Rd. Whitemarsh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 week

33IX Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1952, to Nov 29, 1952, that I last saw the deceased alive on Nov 28, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. H. Benson M.D. 1 W. Chesapeake Ave Balto 6

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/2/52	St. Michaels & All Saints Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/1/52	C. W. Hedrich M.D.	Lanahan Funeral Home	7401 Belair Rd

VS. A15

Statement of funeral director 3-52 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville — LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) P.O. Box 299

3. NAME OF DECEASED: (Type or Print) (First) Lottie (CECELIA) (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Nov (Day) 12 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: unKnown.

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Schoop

14. MOTHER'S MAIDEN NAME: unKnown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3/1

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: unKnown.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis — Interval Between Onset and Death: Unascertainable

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to Cerebral Arteriosclerosis

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7 19 52, to Nov 12 19 52, that I last saw the deceased alive on Nov 12, 19 52, and that death occurred at 9 52 p. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Frederick L. Phillips MD — Spring Grove State Hosp — 11/12/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 11/15/52 — NAME OF CEMETERY OR CREMATORY Family Plot — LOCATION (City, town, or county) (State) Waynesboro, Pa.

DATE REC'D BY LOCAL REG. 11-13-52 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR — ADDRESS

J. MacNabb & Son — Catonsville 28

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A17

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney; STREET ADDRESS (If rural, give location) 3233 E. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Alice; (Last) Smith

4. DATE OF DEATH: (Month) Nov. (Day) 11, (Year) 19 52

Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 12, 1880 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Port Deposit, Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Albert Peckockack | 14. MOTHER'S MAIDEN NAME: Mary Forhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Thelma Smith Kelly 311 Rosebank Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension C.V.D. — 44 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1952, to Nov. 11, 1952, that I last saw the deceased alive on Nov. 11, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature illegible] M.D. 3100 E. Baltimore St. 11/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/14/52 | NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG: 11/13/52 | REGISTRAR'S SIGNATURE: A.W. Hedrick Deputy | 24. FUNERAL DIRECTOR: H. H. Mears & Son | ADDRESS: 805 N. Calvert St.

1233

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 608 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 608 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) VERNA (Last) SNYDER

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 16-1917

9. AGE Last birthday: 35 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Lancaster, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Holdeman

14. MOTHER'S MAIDEN NAME: Blanch Litch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Carl Snyder - 608 Virginia Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

345X

Immediate cause (a) Pulmonary edema — Interval between onset and death: 24 hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Multiple sclerosis — 3 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Marked malnutrition

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Nov. 9, 1952, that I last saw the deceased alive on Nov. 9, 1952, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Charles M. Carey M.D. ADDRESS 6501 Baltimore Blvd. DATE SIGNED Nov. 10, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 13-1952

NAME OF CEMETERY OR CREMATORY Oak Lawn

LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. Nov. 11, 1952

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly ADDRESS 418 Eastern Ave Balto 21, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Lansdowne (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Landowne (If outside city or town limits, write RURAL and give nearest town)
Street No.: 3919 Hollins Ferry Rd. (If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Mary Sorrell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widow

6.(b) Name of husband or wife: George Sorrell
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 5, 1877

8. AGE: Years	Months	Days	If less than one day
77			..... hrs. ..... min.

9. Birthplace: Chester Pa (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business

FATHER
12. Name: William H Wilson
13. Birthplace: Portsmouth Va.

MOTHER
14. Maiden name: Isabelle Green
15. Birthplace: Balto. Md.

16. Informant: William Wilson
Address: 3917 Hollinsferry Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 3, 1952 (month) (day) (year)
Cemetery or crematory: Arbutus Memorial
Location: Arbutus Md.

18. Funeral director: Miss Katie R. Williams
Address: 322 N Schroeder st

19. Dec. 3 19 52 (Date rec'd by registrar) A. W. Hedrick M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: NOV 30, 1952, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 5 19 52, to NOV 30 19 52 and that I last saw h alive on NOV 15 19 52

Immediate cause of death: Carcinoma of Stomach — DURATION: 1 year
Due to:
Due to:
Other conditions:
15 X
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Paul Schmidt M. D. or other
Address: 301 Annapolis Rd Date signed: 11/30/52

B149-12/3/52
12 mnt.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS B. D. Co. Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point.
STREET ADDRESS (If rural, give location) 7469 N. Point Rd 19.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) S. (Last) Spencer Sr.
4. DATE OF DEATH: (Month) Nov (Day) 26 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widd.
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Corp
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Andrew Spencer
14. MOTHER'S MAIDEN NAME: Alice [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 216-10-5617
17. INFORMANT AND ADDRESS: Estelle Spencer, 7409 North Pt Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 9 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Ventricular Failure

(c) Pulmonary Edema.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 2 25 A.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: D. Bolcarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Dundalk 22 Md DATE SIGNED 11/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 29 52 | NAME OF CEMETERY OR CREMATORY: New Bath Methodist Church | LOCATION (City, town, or county): Westminster (State): Md

DATE REC'D BY LOCAL REG.: 11/26/52 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: Phillips Mearing Sons | ADDRESS: 2034 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge — LENGTH OF STAY (In this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Dunkirk Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge
STREET ADDRESS (If rural, give location) 69 Dunkirk Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) SPROESSER

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1952

5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH Feb 12 1862 — 9. AGE last birthday 90 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Balto Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis Fahy — 14. MOTHER'S MAIDEN NAME Bridget Fahy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs Eug. [illegible] Fahy Caine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease — 6+ yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

42.31

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1946, to Nov, 1952; that I last saw the deceased alive on Nov 20, 1952, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frederick J. Vollmer MD — 6100 York Rd — Balto Md — 11-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Nov 25 1952 — NAME OF CEMETERY OR CREMATORY Tudor Park — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 11/24/52 — REGISTRAR'S SIGNATURE C. W. Hedrick M.D. — 24. FUNERAL DIRECTOR — ADDRESS Hilkenkinson & Lenk 4705 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 17 yr. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location) Rosedale

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Stewart (Last)

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 27, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stewart

14. MOTHER'S MAIDEN NAME: Mary Mulanning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Baltimore County Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary sclerosis - occlusion	1 day.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized arteriosclerotic cardio-vascular disease	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis - senile — years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Nov., 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Stenill (Degree or title) M.D. ADDRESS: Crakeyville, Md. DATE SIGNED: 11/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 11/1/52
NAME OF CEMETERY OR CREMATORY: University Med. School
LOCATION (City, town, or county) (State): Balto. City Md

DATE REC'D BY LOCAL REG.: 11/1/52
REGISTRAR'S SIGNATURE: Wm. J. Lockwood

24. FUNERAL DIRECTOR: Frances A. Hensley ADDRESS: 578 N. Bentalou

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PARKTON — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PYLESVILLE
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) SEAMAN (Last) SWIFT

4. DATE OF DEATH: (Month) NOV. (Day) 28 (Year) 19[illegible]

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify)

8. DATE OF BIRTH: Oct 6, 1927

9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: MILLER [illegible] Co.

11. BIRTHPLACE (State or foreign country): WILMINGTON, DEL.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALTER M. SWIFT

14. MOTHER'S MAIDEN NAME: BLANCHE HUNSBERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Mildred Swift Pylesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Parkton (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) NOV. (Day) 28 (Year) 1952 (Hour) 11:45 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

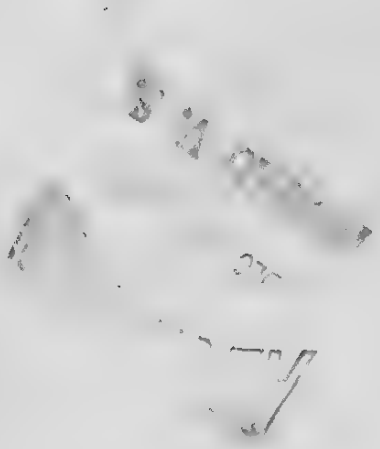
SIGNATURE: C. M. Frances M.D. (Degree or title) ADDRESS: Parkton Md. DATE SIGNED: 11-29-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF 12-2-52 | NAME OF CEMETERY OR ~~CREMATORY~~ FAWN GROVE | LOCATION (City, town, or county) (State) FAWN GROVE, YORK Co, PA.

DATE REC'D BY LOCAL REG. Dec 29/52 | REGISTRAR'S SIGNATURE Edwin L. Fenton

24. FUNERAL DIRECTOR Kenneth W. Buchanan ADDRESS Stewartstown

VS-AIBA 7



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4500 Poplar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 4500 Poplar Ave.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) D. (Last) TAWNEY

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 24, 1871

9. AGE last birthday: 81 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Tawney

14. MOTHER'S MAIDEN NAME: Mary Merryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mr. Carroll H. Tawney-4500 Poplar Ave. Halethorpe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Carcinomatosis — Interval Between Onset and Death: 4 Months

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Bladder — 2½ years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Nov 2, 1952, that I last saw the deceased alive on Oct 31, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE: Eliot W. Johnson M.D. (Degree or title) ADDRESS: 3432 Druid Park Ave. DATE SIGNED: 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/5/52
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 11/5/52
REGISTRAR'S SIGNATURE: H. W. Kedrick Jnr
24. FUNERAL DIRECTOR: Wm. J. Fichner & Sons ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12245

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Overlea — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Belmar Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Overlea
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 113 Belmar Avenue

3. NAME OF DECEASED (Type or Print): (First) August (Middle) F. (Last) Thieme

4. DATE OF DEATH: (Month) Nov. (Day) 21st (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 6, 1867

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Nigh. Watchman, Bay Line

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.: 220-22-7781

17. INFORMANT: Mrs. Peter Doerfler, 2815 Gibbons Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senile Tuy —

794x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1952, to 11-21, 1952, that I last saw the deceased alive on 11-21, 1952, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE Michael [illegible] M.D. (Degree or title) ADDRESS 5407 Belair Rd Balto 14 DATE SIGNED 11-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 25, 1952 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/24/52 | REGISTRAR'S SIGNATURE [illegible] | FUNERAL DIRECTOR Leonard J. Ruck | ADDRESS 5305 Harford Road.

VS. A15

Dr. Grossfeld

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Red Line Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) Red Line Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Thomas Sr
4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 30, 1861
9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John Thomas Jr., Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1952 to Nov 1, 1952 that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 7 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J M Baumgardner M.D. Balto 6 Md Nov 1-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/4/52 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 11/3/52 | REGISTRAR'S SIGNATURE A W Helms

24. FUNERAL DIRECTOR ADDRESS: Schlunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name and address especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: BALTIMORE

County

City or town: Pikesville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred: Katherine Robb Nursing Home

How long in hospital or institution? 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5515 Stoning ton Ave -7-

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME ANNA Annie E. THOMPSON

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Howard D. Thompson

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 28, 1871

8. AGE: Years 81 | Months 1 | Days 2 | If less than one day: hrs min

9. Birthplace: Fishers Hill, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

MOTHER FATHER

12. Name: Joseph Elbon

13. Birthplace

14. Maiden name: Lydia Catherine Brubeck

15. Birthplace

16. Informant: Kathryn T. Otto (daughter)

Address: 5314 Norwood Ave. Balt 7 Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3, 1952 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville, Md.

18. Funeral Director: Miller & Amoreau

Address: 4510 Liberty Heights Ave.

19. 12/2/52 (Date rec'd by registrar) G. H. Hedrick M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 30 1952 at 6 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to November 1952 and that I last saw h.e.r. alive on November 22 1952

Immediate cause of death	DURATION
Coronary Occlusion	1 hour
Due to: Arteriosclerotic cardio vascular disease	15 years
Due to:	
Other conditions: Hypertensive cardiovascular disease	

420.1 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Millard F. Tralond Jr. M.D. M.D. or other

Address: 3400 Woodbine Ave. Balt 7 Md. Date signed: 11/30/52

Item 8 F. Im3148 12/1/52 whw

710

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 11-10-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md.
STREET ADDRESS (If rural, give location) 618 Hastings Rd.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Timanus (Last)

4. DATE OF DEATH: (Month) 11- (Day) 16- (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 10-3-71

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months — Days 13 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner of

10b. KIND OF BUSINESS OR INDUSTRY: feed business

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T.

14. MOTHER'S MAIDEN NAME: Fennie A. George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Lawrence P. Timanus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
434.1
Immediate cause (a) heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-52 to 11-16-52, that I last saw the deceased alive on 11-16-, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Hamil Edwards MD - Spring Grove Hospital 11-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-18-52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 11-17-52
REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR George D. Farley. ADDRESS Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2214 Roslyn Avenue

3. NAME OF DECEASED (Type or Print): (First) Willis (Middle) Henry (Last) Trice

4. DATE OF DEATH: (Month) November (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 3-29-1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Baking

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Spring Grove State Hospital Records Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital

(CITY OR TOWN) Catonsville (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) Nov (Day) 10 (Year) 52 (Hour) 5 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Not known, possibly fall

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Jos. J. Notie Jr. M.D. Capable ADDRESS Balto 1010 Leadenhall DATE SIGNED Nov 17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/20/52

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 11/18/52

REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons.

ADDRESS Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (rural) — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hereford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (rural)
STREET ADDRESS (If rural, give location) Hereford

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) Monroe (Last) VANCE

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1952

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, (DIVORCED) (Specify) — 8. DATE OF BIRTH: 12-13-1874 — 9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm worker — 10b. KIND OF BUSINESS OR INDUSTRY: Farming — 11. BIRTHPLACE (State or foreign country): Balto. Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Vance — 14. MOTHER'S MAIDEN NAME: Ella Royston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs. Emory Cole, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decreased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

C. M. Franca M.D. Parkton Md. 11/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-2-52 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel — LOCATION (City, town, or county) (State): Parkton, Md.

DATE REC'D BY LOCAL REG. 12/3/52 — REGISTRAR'S SIGNATURE: Thos. Howard S. Hyndine — 24. FUNERAL DIRECTOR: F. Scott Brooks — ADDRESS: Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea, Balto 6. | MARYLAND | LENGTH OF STAY (in this place) 30 yrs. | HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Manor ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) M. (Last) Vittek

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 52

5. SEX: Fem.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 13 1893

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Steidle.

14. MOTHER'S MAIDEN NAME: Justina Stier.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE.

17. INFORMANT AND ADDRESS: Frank J. Vittek (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Instant

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) Nov (Day) 7 (Year) 1952 (Hour) 6:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. McCarmma M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 11/7/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: NOV 11 1952 | NAME OF CEMETERY OR CREMATORY: PARK WOOD CEMETERY | LOCATION (City, town, or county): TAYLOR AVE | (State): MD

DATE RECD BY LOCAL REG. 11/10/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Dippel Brothers | ADDRESS: 7110 Belair Rd.

VS. A15A

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Shady Nook Court

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 202 Shady Nook Court

3. NAME OF DECEASED: (Type or Print) (First) Ferdinand (Middle) J. L. (Last) Volkert

4. DATE OF DEATH: (Month) Nov. (Day) 7/52 (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	W.	Married	May 11, 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Supt.	A. & P. Tea Co.	Baltimore, Md.	

13. FATHER'S NAME: Ferdinand J. Volkert

14. MOTHER'S MAIDEN NAME: Johanna Linehauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **16. SOCIAL SECURITY NO.:** (If Yes, give war or dates of service) 215 09 3179

17. INFORMANT & ADDRESS: Mrs. Margaret K. Volkert, 202 Shady Nook Court, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
162 X Immediate cause	(a) General Carcinomatosis	3 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Bronchiogenic Carcinoma	3/6/1952
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/18 52, to 11/7 52, that I last saw the deceased alive on 11/6 52, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Elliot W. Jackson M.D. 3432 Guilford Ave Baltimore 29 11/8/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 10/52	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-10-52	J C L	Harry A. Nitzke	4101 Edmondson Ave

VS. 7-15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
   LENGTH OF STAY (In this place): —
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belair Road 1/4 mile north of Gunpowder Falls

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Fork) Bel Air Md
   STREET ADDRESS (If rural, give location): Bottom Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) LEROY (Last) WATERS

4. DATE OF DEATH: (Month) November (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: December 14, 1906

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Labor, any kind

11. BIRTHPLACE (State or foreign country): Joppa MD

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Moses Waters

14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: James Waters Bel Air Md RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8/2.4

Immediate cause (a) Skull Fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: street

(CITY OR TOWN): — (COUNTY): Baltimore (STATE): Md.

TIME OF INJUR (Month) (Day) (Year) (Hour): 11/10/52 1:13 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? pedestrian struck by truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William H. Gault (Degree or title) ADDRESS: Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md. DATE SIGNED: 11/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/12/52 — NAME OF CEMETERY OR CREMATORY: Mountain A.M.E. — LOCATION (City or town) (County) (State): Mountain Joppa Harford Md

DATE REC'D BY LOCAL REG.: 11/13/52 — REGISTRAR'S SIGNATURE: Walter Hammett

24. FUNERAL DIRECTOR ADDRESS: Jos T Foster Bel Air Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Trappe-22 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7965 Trappe Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dandalk R 2
STREET ADDRESS (If rural, give location) 7960 Trapp Rd

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) WATKINS
4. DATE OF DEATH: (Month) (Day) (Year) 11 - 13 - 52
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 28 1904
9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: On Rented
11. BIRTHPLACE (State or foreign country): Clarksville Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charlie Watkins
14. MOTHER'S MAIDEN NAME: Susan Rice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Thomas Adams 2027 Oakland St Arlington Va

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension CVA
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 yrs.
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. [illegible] M.D. [illegible] 11/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-17-52 | NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. | LOCATION (City, town, or county) (State) Baltimore Md

DATE RECD BY LOCAL REG. 11/17/52 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Elroy O. Wilson | ADDRESS Bunting up

A.W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural give location) Seminary Avenue

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Elizabeth (Last) Ways
4. DATE OF DEATH (Month) Nov. (Day) 29 (Year) 1952

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 8, 1877
9. AGE last birthday 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Book
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Charles E. Ways
14. MOTHER'S MAIDEN NAME Elizabeth Byer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None
16. SOCIAL SECURITY NO. 212-01-2250
17. INFORMANT Mrs. Mary Wilson-1700 York Rd. Towson-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26/52, 19.52, to 11/29/52, 19....., that I last saw the deceased alive on 11/28/52, 19....., and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest C. Brown Jr. 1401 N. Calvert St, Balt-2 11/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-1-52
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/29/52
REGISTRAR'S SIGNATURE D. W. Hedrick Dep R
24. FUNERAL DIRECTOR Thos. J. Tickner & Sons
ADDRESS North & Ridgely Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The format age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Delaware — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural give location): 804 West Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) OLIVER (Last) WELDY

4. DATE OF DEATH: (Month) November (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-21-03

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Roofer

10b. KIND OF BUSINESS OR INDUSTRY: Roofing

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John

14. MOTHER'S MAIDEN NAME: Alice Forcht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 153-01-2392

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163

Immediate cause (a) CARCINOMA OF RIGHT LUNG DUE TO

Antecedent causes (s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 6, 1952, to Nov. 12, 1952, [redacted] and that death occurred at 5:18 AM, from the causes and on the date stated above.

SIGNATURE: [redacted] (Degree or title) WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 11-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 11-17-52 — NAME OF CEMETERY OR CREMATORY: Beverly National Cemetery — LOCATION (City, town, or county) (State): Beverly, New Jersey

DATE REC'D BY LOCAL REGISTRAR: 11/14/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.

SHIPPED TO: Abbott & Snover Funeral Home, 478 Cooper St., Beverly, N. J.

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 615 Worcester Road.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Towson, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 615 Worcester Road.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary A. Wessel.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife: George Wessel.

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 28, 1885

8. AGE: Years	Months	Days	If less than one day
67			hrs. min.

9. Birthplace: Maryland. (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

MOTHER FATHER

12. Name: Wm. Pendergast.

13. Birthplace: Maryland.

14. Maiden name: Mary A. Kelly.

15. Birthplace: Maryland.

16. Informant: Mr. George Wessel.

Address: 615 Worcester Rd, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 4, 1952 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville, Md.

18. Funeral director: Austin E. Donovan

Address: 3818 Roland Ave, Balto Md

18. 11/3 52 A. W. Helm (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH: November 1, 1952 at 1.30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 1, 1952 to Nov. 1 1952 and that I last saw h. alive on October 31 1952

Immediate cause of death	DURATION
Coronary Occlusion	
Due to Arteriosclerotic Hypertension C-V Dis.	
Due to 420.1	
Other conditions Diabetes Mellitus Rt. Hemiplazia	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles E. Carr Jr. M.D. M.D. or other

Address: 6007 York Rd. Date signed: 11/1/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1255

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2144 Lorraine Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2909 Riggs Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) LEE (Last) WESTON

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widowed	Jan. 30, 1872	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Virginia	

13. FATHER'S NAME Charles Gibbs

14. MOTHER'S MAIDEN NAME Sophia Parr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mr. T. Benj. Weston-609 Walnut Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of Stomach.	6 months.
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	5 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerotic Heart Disease	5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 1952.	- Carcinoma of Stomach -	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 26, 1952, to Nov. 21, 1952, that I last saw the deceased alive on Nov. 19, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl L. Chambers	M.D.	4108 Liberty Hts. Ave. Baltimore 7-Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/24/52	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/24/52	[illegible] Reduced 50%.	Wm. J. Dickner & Sons	Balto. 1, Md.

Item 18 Film G149 12-12-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ; LENGTH OF STAY (In this place): ; MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Essex, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 911 Lutz Avenue

3. NAME OF DECEASED (Type or Print): (First) ROBIN (Middle) (Last) WHITACRE

4. DATE OF DEATH: (Month) Nov. 14 (Day) (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 5/23/51

9. AGE last birthday: / yrs. If under 1 year: Months 5 Days 27 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert T. Whitacre

14. MOTHER'S MAIDEN NAME: Eva G. Corcoran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Robt. T. Whitacre 911 Lutz Ave. Essex

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

525 Immediate cause (a) Interstitial pneumonitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: R. H. Fisher (Degree or title) ADDRESS: Chief Medical Examiner-700 Fleet St.-Balto. 2, Md. DATE SIGNED: 11-14-52

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial DATE THEREOF: 11/17/52 NAME OF CEMETERY OR CREMATORY: U.S. National LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG: 11-17 REGISTRAR'S SIGNATURE: W.H.

24. FUNERAL DIRECTOR: Wm Cook Jr. ADDRESS: 1217 St. Paul St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase | LENGTH OF STAY (In this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Rest

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) White.

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: Dec. 28-1893

9. AGE last birthday: 58 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nat'l Biscuit Co.

10b. KIND OF BUSINESS OR INDUSTRY: Machine operator

11. BIRTHPLACE (State or foreign country): BALTO, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas White

14. MOTHER'S MAIDEN NAME: Susan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-01-3942

17. INFORMANT AND ADDRESS: Mrs. EMMA White- Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation & Suffocation

9714 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) By Hanging.

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Chase | (COUNTY) Balto | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 26 - 52 7½ p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? By Hanging.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. McLearmore (Degree or title) M.D. | ADDRESS: Deputy Medical Examiner Baltimore Co. Dundalk 22 Md | DATE SIGNED: 11/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-29-52 | NAME OF CEMETERY OR CREMATORY: Ebenezer Cem | LOCATION (City, town, or county): BALTO | (State): Md

DATE REC'D BY LOCAL REG.: 11/28/52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: L. J. Tuck | ADDRESS: 5305 Harford

Dpw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

DR. ARTHUR KARFGIN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wiltondale — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 Worcester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wiltondale
STREET ADDRESS (If rural, give location) 620 Worcester Road

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Scott (Last) WHITE

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 28, 1952 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 23, 1875

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Richard Clan Harrison

14. MOTHER'S MAIDEN NAME: Elizabeth Jane McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Helen W. Maier — 620 Worcester Road, Wiltondale 4, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia	4 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerotic Cardio-Vascular Renal	3 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene - Left Leg — 1 week.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1952, to Nov. 28, 1952, that I last saw the deceased alive on Nov. 28, 1952, and that death occurred at 10 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arthur Karfgin M.D. — ADDRESS: Northwood Apts., Balto. 18, Md. — DATE SIGNED: 11 - 29 - 52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 12 - 2 - 52 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 12/1/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place — M B Mitchell

Items 8,9: film G148 11-26-52 L (1892)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh — | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS B&O R.R. track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 909 Pulaski St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Widdowson

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 52 19

5. SEX: Fem | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: 9/18/92 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Payton | 14. MOTHER'S MAIDEN NAME: Inga ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. L. Johnson 3474 McClane Way Dundalk 22 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound, crushed skull & chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) both arms severed - rt leg severed

(c) complete evisceration of intestines liver & brain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING) CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: R.R. | (CITY OR TOWN) near White Marsh Sta. | (COUNTY) Balto. | (STATE) Md

TIME OF INJURY (Month) 11 (Day) 19 (Year) 52 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? On B&O R.R. Hit by train.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. McLarnine M.D. (Degree or title) Dep. Chief Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md. DATE SIGNED 11/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 22-52 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery | LOCATION (City, town, or county) Woodlawn Balto Co. | (State) Md

DATE REC'D BY LOCAL REG. 11/30/52 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR: John G. Connelly | ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middletorough
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 Miles Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN middleborough
STREET ADDRESS (If rural, give location) 334 Miles Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Herman (Last) Wilhelm

4. DATE OF DEATH: (Month) Nov. (Day) 19 - (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 30 - 1876

9. AGE Last birthday: 76 yrs. — IF UNDER 1 YEAR: Months 0, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Wilhelm

14. MOTHER'S MAIDEN NAME: Mary Cath. Blanke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Wilhelm (above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Standstill	2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary thrombosis	1 wk
	(c) DUE TO Arteriosclerotic heart disease	15 yrs

I20.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/51, 1951, to N-V 17, 1952, that I last saw the deceased alive on 11/19, 1952, and that death occurred at 1030 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Jay Scott, M.D. ADDRESS 434 Eastern Ave Essex, Md. DATE SIGNED 11/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 24-52

NAME OF CEMETERY OR CREMATORY Balto. Meth.

LOCATION (City, town, or county) (State) Frederick Rd. Md

DATE REC'D BY LOCAL REG. Nov. 23, 1952

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John F. Donnelly ADDRESS Gray

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) T. (Last) WILLEY

4. DATE OF DEATH: (Month) November (Day) 6, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married- Sep.

8. DATE OF BIRTH: 7/25/23

9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl T.

14. MOTHER'S MAIDEN NAME: Magdalena Flemming

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 215 14 3395

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152X

Immediate cause (a) CARCINOMA OF DUODENUM

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1952, to Nov. 6, 1952 [illegible] and that death occurred at 4:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. VanDegrift, MD.

ADDRESS VAH, Fort Howard, Md.

DATE SIGNED 11/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-10-52

NAME OF CEMETERY OR CREMATORY Olivet Cemetery

LOCATION (City, town, or county) (State) St. Michael's, Md.

DATE REC'D BY LOCAL REGISTRAR NOV 10 1952

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

24. FUNERAL DIRECTOR Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, 14, Md.

ADDRESS Mildred T. Blight

Shipped to: Hambleton Harrison, St. Michael's, Md. 11-12-52 Dawson Tarbet

VS. A15

NOV 12
U. S.

Item 18 Film G148 11-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12365

1. NAME OF DECEASED (Type or Print): Judy Ann Williams

2. DATE OF DEATH: 11-9-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~JOHNS HOPKINS HOSPITAL~~ Home
7533 Lange St. Baltimore-21, Md.
c. Length of stay in Baltimore: 9 Yrs. 10 Mos. 13 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore (21)
D. STREET ADDRESS (If rural, give location): 7533 Lange St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F	W	Single.	12-27-42	9	10	13		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Clyde Leroy Williams
14. MOTHER'S MAIDEN NAME: Evelyn Honbaum.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: ~~JOHNS HOPKINS HOSPITAL~~ ADDRESS: Mrs. C. E. Williams 7533 Lange St Balto.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Brain tumor - Malignant — INTERVAL BETWEEN ONSET AND DEATH: 16 mos.
DUE TO Medulloblastoma

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

19A. DATE OF OPERATION: Sept 1, 1951
19B. MAJOR FINDINGS OF OPERATION: Mid-line tumor blocking 3rd ventricle
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 21 *to* 1951 *to* Nov. 9, 1952, *that I last saw the deceased alive on* Nov 7, 1952 *and that death occurred at* 10 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: Paul M. Taylor M. D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 11-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-12-52
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO CO., MD.

DATE RECEIVED BY LOCAL REGISTRAR: NOV 10 1952
REGISTRAR'S SIGNATURE: William M. Kelly
25. FUNERAL DIRECTOR: Wm. Burke Bradley
ADDRESS: Parkville, Md

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. Is: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

N RESERVED FOR BINDING

VS A15

Rec'd. 11-12-52
in B.W.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12366

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH: COUNTY: Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 28 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 400 Shady Nook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 400 Shady Nook Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C. (Last) Williams

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-11-1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry M. Snyder

14. MOTHER'S MAIDEN NAME: Lucy Mae Cronin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Alma B. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular Disease — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1946, to 11/12, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elliot W. Jackson M.D. 3632 Fredrick Ave Baltimore 29 Md 11/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-15-52 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Howard County, Md.

DATE REC'D BY LOCAL REG.: 11-15-52 — REGISTRAR'S SIGNATURE: W E Harry

24. FUNERAL DIRECTOR ADDRESS: MacNabb and Son

RECEIVED
NOV 17
BUREAU V. S